

Joint Research
Compliance Office

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INFORMED CONSENT FORM FOR PARTICIPANTS

Participant name, address, DOB

Full Title of Project: Exploring patient perception of Quality of Surgery in Clinical trials –Survey Questionnaire

Name of Principal Investigator:

Please initial box

1. I confirm that I have read and understand the subject information sheet dated
..... version for the above study and have had
the opportunity to ask questions which have been answered fully.

2. I understand that my participation is voluntary and I am free to withdraw at any time,
without giving any reason, without my legal rights being affected.

3. I consent to having the confidential use of the information I provide in this survey
questionnaire within this research project

4. I agree to take part in the above study.

Name of Participant

Signature

Date

Participant's date of birth

Name of Person taking consent
(if different from Principal Investigator)

Signature

Date

Principal Investigator

Date

Signature

1 copy for subject; 1 copy for Principal Investigator