

**I have:**

- Discussed the study with
- Been given the Information Sheet about the study
- Received satisfactory answers to questions
- Been given enough information about the study

**I understand that:**

- Taking part in the study may not benefit my own health
- I am free to withdraw from the study at any time without having to give a reason
- If I withdraw, this will not affect my care
- My family doctor and the person I nominate as my best contact will be notified that I am taking part in the study
- Information relevant to the RECORD trial may be collated from my hospital and NHS records

**I agree to take part in the study**

Signature of participant

Your name in block capitals

Date

**I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved**

Signature of study nurse

Date

**Study Centre No**

**Patient Study No**

*(For use co-ordinating centre in Aberdeen)*