

## Consent/Assent Form

Title of Study: Perioperative Outcome Study in the Elderly (POSE): European, Large Scale, Multi-Centre, Prospective Observational Cohort Study

Name of Study Doctor: Dr. Peter Lee

Patient Identification Number for this clinical investigation: \_\_\_\_\_

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

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

I understand the clinical investigation may be discontinued at any time, without my medical care being affected in any way.

I understand that sections of any medical notes may be looked at by responsible individuals from the investigative team, regulatory authorities and ethics committee representatives where it is relevant to my taking part in this clinical investigation. I give permission for these individuals to have access to my records.

I agree that the data collected for the study will be used for the purpose set forth above, including transferring to other locations within the European Union, or other countries, and processing by the investigative team in an anonymous form with respect of the confidentiality of my data. This will not waive any rights that I have under local law.

I agree to take part in the above study.

\_\_\_\_\_  
Signature of patient

*To be signed simultaneously, i.e. same date, by all parties:*

Print Name of Patient	Date (to be entered by patient)	Signature
_____	_____	_____

Print Name (Legally authorise representative)	Date	Signature
_____	_____	_____

Print Name of person obtaining consent	Date	Signature
_____	_____	_____

*Distribution: original for study doctor, copy to Patient.*