|  |  |  |
| --- | --- | --- |
|  |  | **[Insert Local letter head]** |

Consultee declaration form v1.0 **[Agree-B]**

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

# Patient Name:

# Patient DOB:

Patient Trial Number:

Please initial in box

|  |  |  |
| --- | --- | --- |
| I confirm that I have read and understood the Consultee Information Sheet dated 02/08/2017 for the above study and have had the opportunity to ask questions regarding the participation of [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] in this study. I have been given a copy of the Participant Information Sheet to keep. |  |  |
| I understand that his/her participation in this study is voluntary and that I am free to withdraw him/her at any time, without giving any reason, without his/her medical care or legal rights being affected. |  |  |
| I understand that sections of his/her medical notes and data collected during the study may be looked at by professionals involved in this study or by regulatory authorities where relevant to this research – including after the patient’s death. |  |  |
| I understand that his/her personal data will be processed and stored securely in compliance with the Data Protection Act 1998. |  |  |
| In my opinion he/she would have no objection to taking part in the above study and being contacted for a follow-up questionnaire. |  |  |

My relationship to the patient is:

(For example wife/partner/brother etc. or Professional Consultee)

Name of Consultee (PRINT) Date Signature

Name of person taking consent (PRINT) Date Signature

When completed: 1 copy to patient; 1 to investigator File; 1 (original) to be kept in medical notes.