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Consent form for Participants

**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

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| I confirm that I have read and understood the Participant Information Sheet dated 02/08/2017 for the above study and have had an opportunity to ask questions regarding the study. I have been given a copy of the Participant Information Sheet to keep. |  |  |
| I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care being affected. |  |  |
| I understand that sections of my 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 my death, if required. |  |  |
| I understand that my personal data will be processed and stored securely in compliance with the Data Protection Act 1998. |  |  |
| I have no objection to taking part in the above study and being contacted for a follow-up questionnaire. |  |  |

Name of Participant (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.