

PATIENT CONSENT FORM

Patient Identification Number for this trial:

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**Evaluation of the safety and effectiveness of the global treatment including
multilayer compression therapy (Urgo KTwo[®]) in addition to an interactive
dressing (UrgoStart[®] Plus in the management of venous leg ulcers**

PROTOCOL NUMBER: EUS23-4

IRAS ID: 327680

PROJECT REF NO: 23/003/GHT

Name of Lead Researcher: Mr. Colin Davies, Clinical Lead (Leg Ulcers)

Please initial
box

I confirm that I have read and understand the information sheet dated 25th July 2023 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 that relevant sections of my medical notes and data collected during the study may be looked at by Regulatory authorities where it is relevant to my taking part in this research. I give my permission for these individuals to have access to my records.

I understand that my data will be held on a computer. I give my permission for this data to be held on computer by these parties.

I give my permission for you to contact my General Practitioner (GP).

I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Mr. Colin DAVIES
Researcher

Date

Signature

***1 for patient (copy); 1 for medical notes (copy); 1 for participant's GP (copy); 1 for researcher (original)**