

9/9/19

BRITER Consent form

IRAS ID 216343

[Pick the date]

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Patient Study Number:

CONSENT FORM

Title of Project: **Brain Imaging to predict Toxicity in Elderly patients after Radiotherapy (BRITER study)**

Trial team: Dr C Lorimer, Dr J Brock, Dr L Welsh, Prof A Chalmers, Dr S Mills

Please initial all boxes

1. I confirm that I have read and understand the information sheet version..... Dated.....
for the above study. I have had the opportunity to consider the information and ask questions if
necessary and have had these answered satisfactorily.

2. 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.

3. I understand that relevant sections of my medical notes, my scans and data collected during the study
may be looked at by the trial team. I give permission for these individuals to have access to these
records.

4. I understand that my involvement will involve completing simple paper questionnaires and may involve
undergoing an MRI scan with administration of a contrast agent through a cannula

5. I understand that my GP will be informed that I am taking part in this study

6. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Trial team member

Date

Signature