Consent Form for Participants Able to Give Consent

Centre name (if applicable):

Study Protocol number:

IRAS project ID: 326995

Full Title of Project: RAPPER – Relating Abdominal complications with Peritoneal Pressure Estimation and Reporting

Name of Principal Investigator:

Please initial box

Add/delete/amend clauses as appropriate]

1. I confirm that I have read and understand the participant information sheet version ..... dated ..... for (RAPPER Study: Investigating the Relationship Between Estimated Intraperitoneal Pressure and Non-Infectious PD-Related Abdominal Complications) and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.	
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	
4. I give/do not give (delete as applicable) consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	
5. I understand that tissue samples and / or data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	

6. I consent to take part in (RAPPER Study: Investigating the Relationship Between Estimated Intraperitoneal Pressure and Non-Infectious PD-Related Abdominal Complications).	
7. I give / do not give (delete/mark as applicable) consent to being contacted about the possibility to take part in other research studies.	

_____	_____	_____
Name of participant	Signature	Date
_____	_____	_____
Name of person taking consent (if different from Principal Investigator)	Signature	Date

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format