

Informed Consent Form

Assessing gastric emptying using spectroscopy

Study title: Non-invasive transcutaneous spectroscopy for the assessment of gut permeability (GutPerm)

IRAS Project ID: 242462

Patient Trial ID Number: _____

Name of Principal Investigator: Dr Alex Thompson

Name of patient to whom this ICF applies: _____

Please initial boxes:

1. I confirm that I have read and understand the Participant Information Sheet "Assessing gastric emptying using spectroscopy v4.1A 06-Mar-2019" for the above study and have had the opportunity to ask questions about the study and understand what is involved.

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 other legal rights being affected, and I understand that any remaining samples will be destroyed at my request, but data collected up to the point of my withdrawal may still be used.

3. I confirm that I have had sufficient time to consider if want to be included in the study.

4. I agree to allow information about me to be collected, analysed, reported and transferred to other approved collaborators within and outside the European Economic Area for healthcare and/or medical research purposes. I understand that my identity will remain anonymous.

5. I wish to be contacted by e-mail with a summary of the research findings once the study is complete. Your e-mail address will not be used for any other purpose.

Contact e-mail: _____

If you do NOT wish to be contacted regarding the study results, please put a line through all of point 5 above, do NOT leave a contact e-mail address and do NOT initial the box as indicated – you can still participate in the main trial.

6. I agree to take part in the study.

Please sign and date below.

Name of Subject

Signature

Date

Name of Person taking consent

Signature

Date

1 copy for subject; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes