



Participant name:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project: **ObeSity related Colorectal Adenoma Risk: The OSCAR Study**

Name of Researcher: **Professor Colin Rees**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated _____
(version _____) for the above study.
2. I have had the opportunity to consider the information, ask questions and have had
these answered satisfactorily.
3. 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,
but information collected up to that point may still be used by the study team.
4. I understand that my GP will be informed of my participation in this study.
5. I understand that relevant sections of my medical notes and data collected during the
study may be looked at by individuals from South Tyneside NHS Foundation Trust,
where it is relevant to my taking part in this research. I give permission for these
individuals to have access to my records.
6. I agree to take part in the above study.

Participant signature	Participant name	Date
Witness signature (if required)	Witness name	Date
Researcher signature	Researcher name	Date

When completed: original for medical notes, 1 original or photocopy for the patient, 1 original or photocopy for the site file.

Consent form: OSCAR Study

Version: 1.0 Date: 14.07.2017