## Participant Consent Form

The ABLE Study: Age of Blood Evaluation Study

## Participant Consent Form: pre-randomisation Version 3 December 7th 2011

Name of Investigator:\_\_\_\_\_ Participant Study Number:\_\_\_\_\_

Pleas 1. I confirm that I have read and understood the Participant Information Sheet, pre randomisation dated (version) for the above study. I and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	se initial box
<ol> <li>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.</li> </ol>	
3. I understand that relevant sections of my medical notes and data collected during the trial may be looked at by the trial researchers and individuals from the Sponsor, regulatory authorities or from the NHS organisation, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records	
4. I understand that all information will be anonymised by the allocation of codes and that information will remain confidential and only be used for research	
5. I agree for the researcher to inform my GP of my participation in the study	
6. I understand that information held by the NHS on central registries may be used to keep in touch with me and follow up my health status.	
7. I understand that I will be contacted by post or phone and asked to complete questionnaires at 6 and 12 months after joining the study. I give permission for my contact details to be given to Edinburgh University for this purpose.	
8. I agree to take part in the above study.	
Name of Patient Date Signature	
Researcher Date Signature	

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes



This study is taking place in centres across the UK but the questionnaires are being processed at the Edinburgh Clinical Trials Unit, Outpatients Building – Level 2, Western General Hospital, Crewe Road, Edinburgh EH4 2XU.