

**PATIENT ASSENT FORM**  
**(completion by patient representative)**  
**The PLACIDE study**

Probiotic Lactic acid bacteria and Antibiotic-associated and C diff Diarrhoea in the Elderly

Name of Researcher: Dr S Allen

Please initial boxes

1. I confirm that I have read and understand the patient information sheet version 4 dated 29 April 2008 for the above study had have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
  
2. I understand that my relative, friend, spouse is being invited to take part in a research study. To the best of my knowledge they have not received any investigational drugs within the last four weeks and they are not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed assent for my relative, friend, spouse to participate in the research study described in this form, under the conditions stated in it.
  
3. I understand that their participation is voluntary and that I can withdraw this assent at any time, without giving any reason and without their medical or legal rights being affected.
  
4. I understand that relevant sections of my relatives/friend/spouse's medical notes and data collected during the study may be examined by responsible individuals from the funding body or national, international regulatory authorities, or the NHS Trust where it is relevant to their taking part in the research. I give permission for these individuals to have access to such records.
  
5. I give consent for their GP to be contacted and informed that they are participating in this study.
  
6. I agree to my relative/friend/spouse taking part in the above study

\_\_\_\_\_  
Name of person giving assent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Relationship to patient.

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(Copies 1 for patient / assenter/1 hospital notes/1 research file)