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<ul> <li>I understand that my participation is voluntary and that I am free to withdrow at any time, without giving a reason, without my medical care or legal rights being affected.</li> <li>I understand that relevant sections of any of my medical notes may be looked at by responsible individuals from the Health Technology Assessment Programme or from regulatory authorities. I give permission for these individuals to have access to relevant sections of my records.</li> </ul>					
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