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Centre Number:.....
Study Number:.....
Patient Identification Number For This Trial:.....

CONSENT FORM 2

4th March 2008 (version 2)

IMPROVING CHRONIC WOUND HEALING WITH INTELLIGENT DRESSINGS

Name of Researcher: _____

Please initial box

1. I confirm that I have read and understand the information sheet dated 4th March 2008 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
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 legal rights being affected. ☐
3. I understand that relevant sections of any of my medical notes and data collected during the study, may be looked at by responsible individuals from the wound healing clinics 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 agree to take part in the above study. ☐

5. Sample(s) donated: mastectomy drain fluid Sample no: _____

Name of Patient Date Signature

Name of Person taking consent Date Signature
(if different from researcher)

Researcher Date Signature

(When completed, 1 for patient; 1 copy for researcher site file; 1 (original) to be kept in medical notes)