

NRES: IRAS ID:

Title of Study

Participant consent form

Read each of the statements below. If you agree with the statement, please initial the box.

|  |  |
| --- | --- |
| I have read and understood the participant information sheet (version .... dated .......) for this study. I have had enough time to think about taking part, and my questions have been answered. | Initial |
| I understand that taking part in this research study is my choice. I understand that I can stop taking part at any time, without giving any reason, and without my medical care or legal rights being affected.  | Initial |
| I agree to undergo medical tests as part of this study. I understand what is involved in the tests.  | Initial |
| I agree to have a PET-MRI scan.  | Initial |
| I agree to members of the study team using my details to contact me, when it is needed for the study. | Initial |
| I agree to members of the research team seeing my medical files, when it is needed for the study. | Initial |
| I agree to my images and test data being shared in the Dementias Platform UK network. I understand that the images and data will not identify me. | Initial |
| I agree to my anonymised images and test data being used in other research and used by other researchers in the future. I agree to the Dementias Platform UK, and those who use its resources, using my anonymised data for future research. | Initial |
| OPTIONAL: If my dementia gets worse and I am no longer able to make decisions, I wish to carry on being part of this study | Initial |
| I agree to take part in this study.  | Initial |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of consenting person Date Signature