**Participant Consent Form**

**Version 1.1 Date: 11th November 2013 REC Number: 13/YH/0371**

**Study Title:** **I**nternational **S**urgical **O**utcomes **S**tudy (ISOS)

Principal Investigator: Insert Local Details

 Initial boxes

1. I agree to take part in the above study and understand that my participation is voluntary and that I can withdraw at any time, without giving a reason.
2. I understand that the data collected about me during the study may be looked at by responsible individuals from the study team, the study sponsor and regulatory authorities where it is relevant to my taking part in this research.
3. I give permission for these individuals to have these data. I consent to the research team at the UK Coordinating Centre to be sent and use information held by the NHS database, The Health and Social Care Information Centre (HSCIC), to keep in touch with me and follow up my health status.

Name of participant Date Signature

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Name of person taking consent Date Signature

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When completed: original copy for research site file, 1 copy to participant, 1 copy in medical notes