



GLOBALSURG 3 - CONSENT FORM

Hospital No.:
Name:
DOB:
Address:
Tel No.

GlobalSurg-3 REDCap
Number

Hospital and Country

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to consider the information and ask questions.
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 consent to the use of information about my condition and operation to be reviewed by researchers and stored within a secure database
4. I consent to being contacted in future for purposes of follow-up.
5. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Hospital, GlobalSurg research team or other authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
6. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature