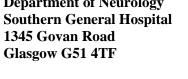
Department of Neurology





Please initial

Subject number:

PRoBaND: Parkinson's Repository of Biosamples and Networked Datasets

Consent Form for: Patients diagnosed with Parkinson's disease in the past 3 years

			each box
I confirm that I have read and understand the information sheet dated 16/03/11 (version 1.0) for the above study and have had the opportunity to ask questions.			
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.			
I understand that sections of my medical notes may be looked at by the research team where it is relevant to my taking part in the research. I give my permission for the research team to have access to my records. I agree to my blood samples and data being used as a gift for medical research, (and as such there will be no payment). I agree to my General Practitioner being informed of my participation in the study I agree to take part in the above study			
			I would like to be informed if poss on this research that might be relev
Name of Participant	Date	Signature	
Name of Researcher	 Date	Signature	

1 copy to the patient, 1 copy to the researcher, 1 Original for the patient's notes

Version 1.0 16/03/2011