

Department of Neurology
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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**

**Please initial
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 possible, about the development of new tests or treatments based on this research that might be relevant to me or my family Yes / No

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