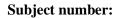
Department of Neurology Southern General Hospital 1345 Govan Road Glasgow G51 4TF





Please initial

PRoBaND: Parkinson's Repository of Biosamples and Networked Datasets

Consent Form for: Relatives of patients with Parkinson's disease

			each box				
I confirm that I have read and understand the information sheet dated 18/04/11 (version 1.1) 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			
				Name of Participant	Date	Signature	
Name of Researcher	 Date	Signature					

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

Version 1.1 18/04/11