

Department of Neurology  
Southern General Hospital  
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Subject number:

## Tracking Parkinson's

**(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 28/10/11 (version 1.2) 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

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Name of Participant

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Date

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Signature

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Name of Researcher

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Date

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Signature

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