

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



Subject number:

**Tracking Parkinson's**

(PRoBaND: Parkinson's Repository of Biosamples and Networked Datasets)

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

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each box

Please initial 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.

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

Version 1.2

28/10/11

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