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



Please initial

**Subject number:** 

## **Tracking Parkinson's**

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

## Consent Form for: Patients diagnosed with Parkinson's disease at under 50 years of age

			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			
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 1.2 28/10/11