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

Subject number:

Version 1.2



Tracking Parkinson's				Formatted: Centered Formatted: Font: 11 pt	
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Patients diagnosed wit	Consent Form h Parkinson's dis	for: wase at under 50 years of ag	e		
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			each boy	X	Please initial box
L confirm that I have read and	understand the info	\mathbf{r}		Deleted: 18/04/11	
I confirm that I have read and understand the information sheet dated $\frac{28/10/11}{(version 1.2)}$ for the above study and have had the opportunity to ask questions.				Deleted: 1.1	
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I understand that my participation					
time, without giving any reason	n, without my medie	cal care or legal rights being			
affected.					
I understand that sections of my r	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 m	iy records.				
I agree to my blood samples and	data haing yead as a	aift for modical recorrel (and			
as such there will be no payment)		i gift for medical research (and			
us such there will be no puyment)	•				
I agree to my General Practitione	r being informed of n	ny participation in the study			
I agree to take part in the above s	tudy				
r agree to take part in the above s	ludy				
Name of Participant	Date	Signature	-		
Tunie of Furtherpunt	Dute	Signature			
			-		
Name of Researcher	Date	Signature			
1 copy to the patient, 1 copy to the researcher, 1 Original for the patient's notes			/	Deleted: ¶	
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28/10/11