V				Deleted: <object></object>		
Print on local headed paper						
Insert Department Name & Address,					ent of Neurology ¶	
Subject number:				Southern General Hospital¶ 1345 Govan Road¶ Glasgow G51 4TF¶ <object></object>		
Tracking Parkinson's						
(PRoBaND: Parkinson's Re	epository of Biosa	amples and Networked Datasets)			
Interim E	extension Cons	ent Form for:				
Patients enrolled in	the recent on	set cohort of PRoBaND				
			Please in			
			each box	X	Please initial box	
I confirm that I have read and understand the information sheet dated 10/04/15 (version 1.1) for the above study and have had the opportunity to ask questions.				Deleted: 9		
				Deleted: 2		
				Deleted: 0		
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 med	lical notes may be	a looked at by the research team				
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 r						
I agree to my blood samples and da	ta being used as a	a gift for medical research (and				
as such there will be no payment).	and being asea as t	a girt for medical resourch (and				
I C ID C						
I agree to my General Practitioner be	eing informed of r	ny participation in the study				
I agree to take part in the above stud	у					
I agree to my details being retained s	so that I may be co	ontacted in future about other				
research projects. Please initial one of		Yes or No				
Name of Participant	Date	Signature				
Name of Researcher	Date	Signature				
1 copy to the patient, 1 copy to the r	esearcher, Origii	nal for the Investigator file				
				Delete di 0		
				Deleted: 0 Deleted: 9		
			//	Deleted: 2		
Version 1.1		10/04/	15	,		
		<u> </u>				

Ì