

*Print on local headed paper*

*Insert Department Name & Address*

**Subject number:**

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

**Interim Extension Consent Form for:  
Patients enrolled in the recent onset cohort of PRoBaND**

**Please initial  
each 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.

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

I agree to my details being retained so that I may be contacted in future about other research projects. Please initial one of the boxes

Yes      or      No  
                     

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Name of Participant

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Date

-----  
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, Original for the Investigator file***