***Insert Department Name & Address*** Subject number:

**Tracking Parkinson’s**

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

**Consent Form for Study Extension (patients already enrolled)**

 **Please initial**

 **each box**  **Please initial box**

I confirm that I have read and understand the information sheet dated 27/06/16 (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

or

No

Yes

I would like to be informed of research results that might indicate that an

NHS (or equivalent) test could be developed or used, *related to my condition*, which might help me or my family.

Please initial one of the boxes.

Yes

No

or

I would like to be informed of research results that might indicate that an NHS

(or equivalent) test could be developed or used, *unrelated to my condition*, which
might help me or my family. Please initial one of the boxes.

or

No

Yes

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.

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Name of Participant Date Signature

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Name of Researcher Date Signature

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| ***1 copy to the patient, 1 copy to the researcher, Original for the Investigator file*** |