



Lister Hospital, Corey's Mill Lane, Stevenage
Hertfordshire SG1 4AB
Tel: 01438 314333

PARTICIPANT NAME

PARTICIPANT IDENTIFICATION NUMBER

INFORMED CONSENT FORM

Does incremental initiation of haemodialysis preserve native kidney function? A multicentre feasibility randomised control trial.

INVESTIGATOR: _____

Please initial

- 1. I confirm that I have read and understood the Participant Information Sheet version _____ date _____ for the above study and have had the opportunity to ask questions which have been answered to my satisfaction.
- 2. 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.
- 3. I understand that sections of my medical notes may be looked at by responsible individuals from the Sponsor organisation, the NHS Trust, external researchers from the University of Hertfordshire and from regulatory authorities for regulatory purposes and audit. I give permission for these individuals to have access to my records.
- 4. I understand if sections of my medical notes are unclear, the research team may contact my GP for clarification. I give permission for the research team to contact my GP for this purpose.
- 5. I give permission for additional blood and urine samples to be collected and used for research purposes. I understand these samples will be stored anonymously for analysis and a portion of the sample will be sent to an external institution for analysis. The stored samples may be used in future research.
- 6. I agree to take part in the above study.

Name of patient

Date

Signature

Name of Person Taking Consent

Date

Signature

Three copies required: one for the patient, one for the researcher and one for hospital case notes

IRAS ID: 219032 Consent form Incremental HD Version 1.0 Dated 21.06.2017