



Mater Misericordiae
University Hospital
 Sisters of Mercy
 Eccles Street, Dublin D07 R2WY, Ireland
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Ospidéal Ollscoile
Mater Misericordiae
 Siúiracha na Trócaire
 Sráid Eccles, Baile Átha Cliath D07 R2WY, Éire
 Web: www.mater.ie



Not for prescription purposes

Patient Consent Form: Version 2. January 2021

Study title: Effect of perioperative cognitive behavioural therapy on chronic persistent postsurgical pain among breast cancer patients with high pain catastrophising characteristics: A randomised, double-blind clinical trial.

I have read and understood the Patient Information Leaflet about this research project. I have received an explanation of the nature, purpose, duration and foreseeable effects and risks of the research study, and what my involvement will be.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have had time to consider whether to take part in this research study. My questions have been answered satisfactorily, and I have received a copy of the Patient Information Leaflet .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that my participation is voluntary (my choice) and that I am free to withdraw at any time without my medical care or legal rights being affected.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have to the best of my knowledge informed the investigator of my previous or present illnesses and medication, and of any consultation that I have had with a doctor for the last four months. I have not participated in any other clinical trial in the past three months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I will contact the research investigator immediately if I suffer any unexpected or unusual symptoms because of the research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am willing to allow access to my medical records by representatives of the sponsor, local or foreign regulatory authorities but understand that strict confidentiality will be maintained. The purpose of this is to check that the research study is being carried out correctly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to take part in the above research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

 Patient Name (Block Capitals) | Signature | Date

 Name of Person taking consent | Signature | Date
 (If different from doctor/researcher)

 Doctor/Researcher | Signature | Date

3 copies to be made - 1 for patient, 1 for researcher and 1 for hospital records.



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