

Research Participant Consent Form

28th October 2011 (Version 1)

Easy and Accurate Manual Blood Pressure Measurement

Subject ID:

Thank you for agreeing to take part in this research.

- | | Initial |
|---|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw any time, without giving any reason, without my medical care or legal rights being affected. | <input type="checkbox"/> |
| 3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4. I agree to take part in the above study. | <input type="checkbox"/> |

Subject:..... Date:..... Signature:.....

Researcher:..... Date:..... Signature:.....

(1 for subject; 1 for researcher)