

PARTICIPANT CONSENT FORM

OtoSurg 1



EMORY
UNIVERSITY

#	Statement (Please Read)
1	I have read/had read to me of the Patient Information Sheet for the above study (dated _____ [DD/MM/YYYY], version _____) and have had the opportunity to consider the information and ask questions.
2	I understand that my participation in this study is voluntary and that I may withdraw at any time without giving a reason. I understand that opting out won't affect my future medical care.
3	I give permission for researchers to look at my medical records to get information about my care, and to contact me as part of this research study.
4	I give informed, explicit consent to have my data processed as part of this research study. I give informed, explicit consent for information about me related to the study being stored on password protected computer systems at my hospital and also at Emory University in the United States of America. This will be backed-up in a separate location to keep my information safe.
5	I consent to take part in this research study having been fully informed of the risks, benefits, and alternatives.

Printed Name of Participant:	Name of Principal Investigator, Research Team Member, or Hospital Staff Member taking consent:
Signature (or thumb print) of Participant:	I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them. Signature of Principal Investigator, Research Team Member, or Hospital Staff Member taking consent:
Date _____ [DD/MM/YYYY] form signed (or thumb printed) by Participant:	Date _____ [DD/MM/YYYY] form signed by Principal Investigator, Research Team Member, or Hospital Staff Member:

3 copies to be made: 1 for patient/family, 1 for research team, and 1 for hospital