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NHO	Trust	пеа	aer



Participant study number:						
Principal Investigator: Dr <pi name=""></pi>						

## **PARTICIPANT CONSENT FORM**

loP	ac study: Novel use of tran	examic acid to reduce th					
			Pleas	se initial each box			
1.	I confirm that I have read the the above study. I have had questions and have had the	the opportunity to conside	•				
2.	2. I understand that my participation in this study is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected.						
3.	3. I understand that relevant sections of my medical notes and information collected during the study may be looked at by individuals from the Sponsor organisation of its' representatives, my local NHS Trust and the regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.						
4.	4. I agree to my General Practitioner being informed of my participation in the study.						
5.	<ol> <li>I agree that my telephone contact details may be temporarily stored at my local NHS Trust to allow the study team to contact me after one week.</li> </ol>						
6.	I consent to take part in this	study.					
rint :	name (Participant)	 Date	Signature				
PAR	TICIPANT IS UNABLE TO COMPLETE THIS FOR	RM, ASK WITNESS TO COMPLETE THE FO	DLLOWING:				
Print :	name (Witness)	Date	Signature	_			
Relati	onship of witness to participant:			_			
Print	name (Person taking consent)		Signature				