

REC Reference Number:

IRAS ID: 345225

Participant Identification Number for this trial: _____

CONSENT FORM

Title: Assessing the use of artificial intelligence in rectal magnetic resonance imaging.

Name of Researcher: Zach Pang & Khaliesah Bolhassan (MRI Annexe, St George's Hospital, Blackshaw Rd, London, SW17 0QT)

Please initial each box

1. I confirm that I have read and understand the information sheet dated _____ version _____ for the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily. ☐
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 relevant sections of any of my medical notes and personal data collected during the study may be looked at by responsible individuals from St George's University Hospitals NHS Foundation Trust (SGHFT), the NHS Trust or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. ☐
4. I agree to take part in the above study. ☐
5. I agree to my anonymised data and/or results being used for future research [OPTIONAL] ☐
6. I agree to my GP being informed of my involvement [OPTIONAL] ☐
7. I agree to the use of my anonymised images in future publications on this study [OPTIONAL] ☐
8. I would like to be contacted in future with a summary of the results at the end of this study via my email _____. ☐

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

When completed: Original - Investigator Site File; Copy - Participant; Copy - Medical notes