ASSESSMENT WITH CLINICAL ULTRASOUND OF ACUVEX-RRT VENOUS CONGESTION IN PATIENTS UNDERGOING RRT

King's College Hospital NHS Foundation Trust

Participant Consent Form

ACUVEX-RRT
Assessment with Clinical Ultrasound of Venous EXcess in Patients Undergoing Renal Replacement Therapy (ACUVEX-RRT)

IRAS Number: 305720
Chief Investigator: Adrian Wong

Patient Identification Number for this trial:

		Please initial box
1	I confirm that I have read the information sheet dated27/09/2021 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had 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 my medical notes and data collected during the study, may be looked at by individuals from the sponsors of the trial and responsible persons authorised by the sponsors, 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.	☐
4	Optional -I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers	
	YES	☐
	NO	☐
5	I agree to my General Practitioner being informed should there be any unexpected findings during the ultrasound examination.	☐
6	I agree to take part in the above study.	☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.