Patient Number _____

Addenbrooke's Hospital NHS
Cambridge University Hospitals NHS Foundation Trust

CONSENT FORM (Adult)

AIDA : Anonymous Image Data Archive for Radiotherapy Research (v1.3 29/8/12)

Name of Researcher: Dr R Jena

Please initial here

I confirm that I have read and understand the information sheet dated March 2012 (version 1.3) for the above database. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
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.	
I understand that relevant sections of any of my medical notes and data collected during the study, may be looked at by 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.	
I agree to take part in the above database.	

_____ _____ _____

Name of Patient Date Signature

_____ _____ _____

Name of Person taking consent Date Signature

(if different from researcher)

_____ _____ _____

Researcher Date Signature

When completed, 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes