

Patient consent form

Full Title of Project:

Novel markers of endothelial dysfunction in HCV related cirrhosis: more than a mere prediction of esophageal varices.

Name of Principal Investigator: Amr Shaaban Hanafy

Please initial box

1. I confirm that I have read and understand the subject information sheet dated version for the above study and have had the opportunity to ask questions which have been answered fully. ☐
2. I understand that my participation is voluntary and 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 sections of any of my medical notes may be looked at by responsible individuals from [company/institution name] or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to access my records that are relevant to this research. ☐
4. The compensation arrangements have been discussed with me. ☐
5. I agree to take part in the above study. ☐

Name of Patient/Participant

Signature

Date

Name of Person taking consent
(if different from Principal Investigator)

Signature

Date

Principal Investigator

Signature

Date

1 copy for patient/participant; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes