

Consent to Participation in Research

I, request and give
(first or given names) (last name)

consent to my involvement in the research project: *Use of a novel technique to assess swallowing function in healthy older adults (Protocol no. 403/10)*

I acknowledge the nature, purpose and contemplated effects of the research project, especially as far as they affect me, have been fully explained to my satisfaction by:

.....
(first or given names) (last name)

and my consent is given voluntarily.

I acknowledge that the detail(s) of the following has/have been explained to me, including indications of risks; any discomfort involved; anticipation of length of time; and the frequency with which they will be performed:

1. Attending the Laboratory on one occasion for approximately 45 minutes
2. Insertion of a catheter through my nose (using local anaesthetic) and into my oesophagus, which will measure pressure and flow during 20 swallows of liquid or semi-solid (approx. 1 teaspoon each)
3. Re-positioning of catheter in upper oesophagus and swallows repeated as above

I have understood and am satisfied with the explanations that I have been given.

I have been provided with a written information sheet.

I understand that my involvement in this research project may not be of any direct benefit to me and that I may withdraw my consent at any stage without affecting my rights or the responsibilities of the researchers in any respect.

I declare that I am over the age of 18 years.

I acknowledge that I have been informed that should I receive an injury as a result of taking part in this study, I may need to start legal action to determine whether I should be paid.

Signature of Research Participant:..... Date:

I, have described to ,

the research project and nature and effects of procedure(s) involved. In my opinion he/she understands the explanation and has freely given his/her consent.

Signature: Date:

Status in Project: