



CENTRAL NORTHERN ADELAIDE HEALTH SERVICE
The Queen Elizabeth Hospital & Lyell McEwin Hospital



CONSENT FORM

Title: Examination of the gastrointestinal (GI) tract using High Resolution White Light Magnification Endoscopy (HRME) and Narrow Band Imaging (NBI).

Protocol Number:

I, the undersigned

hereby consent to my involvement in the research project explained above.

- I have read the information sheet, and I understand the reasons for this study. The research worker has explained the ways in which it will affect me. My questions have been answered to my satisfaction. My consent is given voluntarily.
- I understand that the purpose of this research project is to improve the quality of medical care, but my involvement may not be of benefit to me.
- The details of the research project have been explained to me, including:
 - The expected time it will take
 - The nature of any procedures being performed, and the number of times they will be performed
 - The nature of any medications I may be given
 - Any discomfort which I may experience
- I have been given the opportunity to have a member of family or a friend present while the project was explained to me.
- My identity will be kept confidential, and nothing will be published which could possibly reveal my identity.
- My involvement in the study will not affect my relationship with my medical advisers. I understand that I am able to withdraw from the study at any stage without having to give a reason, and that by withdrawing it will not affect my treatment at this hospital in the future.

PATIENT SIGNATURE

[Redacted Signature]

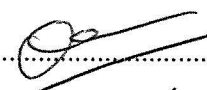
DATE 4.12.2013

WITNESS:

[Redacted Signature]

DATE 4.12.2013

INVESTIGATOR


K SAINI

DATE 4.12.2013

NICE 125



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PATIENT SIGNATURE

[Redacted Signature]

DATE 27.8.14

WITNESS:

[Redacted Signature]

DATE 27.8.14

INVESTIGATOR

[Signature]
K SINGH

DATE 27.8.14



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PATIENT SIGNATURE

DATE 3/2/15

WITNESS:

DATE 3/2/15

INVESTIGATOR

R SINGH

DATE 3/2/15