

Informed consent statement: Written informed consent was obtained from participants or, where they lacked capacity, assent was obtained from a personal or nominated consultee.

Below is the written informed consent form approved by the Research Ethics Committee.



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Patient Identification Number for this trial:

CONSENT FORM

Steroid resistance in alcoholic hepatitis

Name of Researcher: Dr Peter Collins

Please initial box

1. I confirm that I have read and understand the information sheet version 6 14th January 2010 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 any of my medical notes and data collected during the study, may be looked at by responsible individuals 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. I agree to my GP being informed of my participation in the study. ☐
5. I agree to take part in the above study. ☐

Name of patient	Date	Signature
_____	____/____/____	_____
Name of person taking consent (if different from researcher)	Date	Signature
_____	____/____/____	_____
Researcher	Date	Signature
_____	____/____/____	_____

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