

REC Approval ref. 15/EE/0420

Informed Consent Form

Ultrasound and Liver Disease

Project title: *The Role Ultrasound Shear Wave Elastography in the Management of Liver Disease*

Patient Trial ID Number: _____

Name of Principal Investigator: _____

Name of patient to whom this ICF applies: _____

Please initial boxes:

1. I confirm that I have read and understand the Patient Information Sheet () for the above study and I have had the opportunity to ask questions about the study and I understand what is involved
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 other legal rights being affected and I understand that any data collected up to the point of my withdrawal will still be used
3. I understand that relevant sections of any of my medical notes may be looked at by authorised individuals from Imperial College Healthcare NHS Trust, from Imperial College London, or from regulatory authorities 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 take part in the study

☐☐☐☐

Name of Subject

Signature

Date

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

Signature

Date

1 copy for subject; 1 copy for Study Site Files; 1 copy to be kept with hospital notes