

CONSENT FORM

Gastrointestinal symptoms in connective tissue disease

Please Initial Box

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|----|--|-------------------------------------|
| 1. | I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input checked="" type="checkbox"/> |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. | <input checked="" type="checkbox"/> |
| 3. | I agree to take part in the above study. | <input checked="" type="checkbox"/> |
| 4. | I agree to the use of anonymised quotes in publications | <input checked="" type="checkbox"/> |

Name of Participant	Date	Signature
Dr N Inayet	03/02/2016	
Name of Researcher	Date	Signature

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