

CONSENT FORM

Gastrointestinal symptoms in connective tissue disease

Please Initial Box

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



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|------------------------------|---------------|--------------------|
| _____ Name of Participant | _____ Date | _____ Signature |
| Dr N Inayet | 03/02/2016 | |

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|-----------------------------|---------------|--------------------|
| _____ Name of Researcher | _____ Date | _____ Signature |
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