

CONFIDENTIAL

Tel: 0845 155 5000 ext. 9413

Patient Identification Number for this study:

UCL Project ID number:
Form version: 8.0
Version Date: 07/05/2013

CONSENT FORM

Title of project: **A randomised controlled trial of triclosan coated sutures in primary total hip and total knee arthroplasty**

Name of Principal investigator: Professor FS Haddad

1. I confirm that I have read and understood the information sheet dated 07/05/2013 (version 8.0) for the above study and have had the opportunity to ask questions. ☐
2. I confirm that I have had sufficient time to consider whether or not want to be included in the study ☐
3. 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. ☐
4. I understand that sections of any of my medical notes may be looked at by responsible individuals from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. ☐
5. I agree that my GP is informed of my participation in the study. ☐
6. I agree to take part in the above study. ☐

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Name of Principal investigator: Professor FS Haddad

Name of patient_____
Date_____
Signature_____
Name of Person taking consent
(if different from researcher)_____
10/11/2013_____
Date_____
Signature_____
Name of the researcher to be contacted if there are any problems**Comments or concerns during the study**

If you have any comments or concerns you may discuss these with the investigator. If you wish to go further and complain about any aspect of the way you have been approached or treated during the course of the study, you should write or get in touch with the Complaints Manager, UCL hospitals. Please quote the UCL project number at the top this consent form.

- 1 form for Patient;
- 1 to be kept as part of the study documentation,
- 1 to be kept with hospital notes