

For advice on this study:
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For independent advice:
Dr Ruth Hamilton
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PARTICIPANT CONSENT FORM
Clinical Patients: 3T

Protocol Optimisation for Advanced MRI Research Studies

Study Number:

Volunteer Identification Number:

Research Team: Mrs T Hopkins (Chief Investigator), Keith Muir (Principal Investigator), Dr J Foster, Dr P Hall Barrientos, Dr S Allwood-Spiers, Ms R Woodward, Prof. C Berry, Dr G. Roditi, Dr A Radjenovic.

Name (Block Capitals):

Please initial box

1. I confirm that I have read and understand the Participant Information Sheet for this study (version 3, dated 18/08/17) for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.

3. I understand that if there are any unexpected findings in my scan, then I will be referred to an appropriate doctor for further investigations.

4. I agree to take part in this study

5. I am happy to be contacted if a further scan is required for reproducibility purposes

Participant Signature:..... Date:.....

Researcher Signature:..... Date:.....