



CONSENT FORM FOR FURTHER CONTACT
(Version 1.0, final Version 1.0: date 18/07/2016)
Nigrosomal Iron Imaging in Parkinson's Disease (N3iPD)

REC ref:

Name of Clinical Contact Person:

Name of Participant:

Please initial box

- I confirm that I am interested in learning more about or taking part in the study explained in the information sheet offered by either NHS Physician, NHS radiographer or research nurse. ☐
- I understand that a member of the study investigator will then contact me by phone to discuss the study further and arrange an appointment should you decide to take part. ☐
- I understand that I may return/leave the signed version of this consent via three approaches: ☐
 - 1. Return/leave it at the site to/with my NHS Physician, NHS radiographer or research nurse who offered me this form today.
 - Or 2. Return it using the enclosed stamped addressed envelope.
 - Or 3. Send it via an email to (email address:).

Contact details and preferred method of contact, please tick

Phone (landline):

☐

Phone (mobile):

☐

Email:

☐

Postal address:

☐

Name of Participant

Date

Signature

Name of clinical contact person
taking initial consent to be contacted

Date

Signature