



CONSENT FORM A
(Version 4.0, final Version 1.0: date 25/04/2016)
Nigrosomal Iron Imaging in Parkinson's Disease (N3iPD)

REC ref:
IRAS ID: 198586

Name of Researcher:

Name of Participant:

Please initial box

1. I confirm that I have read and understand the information sheet version numberdated..... 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 any reason, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐
3. I understand that relevant sections of my medical notes (including clinical and imaging data) and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group, collaborators and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be passed on to researchers at the University of Nottingham where my data will be kept confidential. ☐
4. I agree to my imaging (including the MRI and DaTSCAN™) and clinical data being donated for medical research and that after anonymization the data collected in this study may be used for other studies performed at the University of Nottingham or for training purposes. ☐
5. I agree that after the end of this study my anonymized research data may be collated in a research data-base at a UK or non-UK based institution affiliated to the Michael J Fox Foundation and may be made accessible to the wider research community. ☐
5. I agree to my GP being informed of my participation in this study. I agree that significant abnormalities that may be found during MR-scanning will be communicated to my GP. ☐
6. I understand that I will be contacted again after a minimum period of 12 months after the initial visit for a follow up clinical assessment. ☐
7. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of investigator taking
consent

Date

Signature