

Study Number:  
Patient Identification Number for this trial:  
Ethical application number: **10/H0807/93**



**CONSENT FORM (participant under 16)  
(Version IV: 31<sup>st</sup> March 2013)**

**Title of Project: Brain Function in Rolandic Epilepsy**

**Name of Researchers: Professor Deb Pal, Dr. Anna Smith, Dr. Colm McGinnity.**

**Please initial box**

- 1 I confirm that I have read and understand the information sheet dated (version ..... ) 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, without my medical care or legal rights being affected. Biological samples will be destroyed as detailed.
- 3 I understand that sections of any of my medical notes may be looked at by a clinical radiographer, a radiologist and the researchers named above. I give permission for these individuals to have access to my records.
- 4 I agree that my biological material e.g. blood, saliva, DNA can be removed and used for the above study and that I have been made aware of surplus material disposal methods according to the Human Tissue Act 2004.
- 5 I agree that any biological material surplus to this study and relevant clinical information can be used for future related research, which has been approved by a recognised Research Ethics Committee.
- 6 I agree to take part in the scanning study.
- 7 I agree that my GP will be contacted regarding my participation in this study.

8 I agree that my GP, any other Clinician currently treating me, and the researchers named above will be contacted if any abnormalities are detected in my brain.

9 I would like to have written feedback on the study findings.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I confirm that I have explained the study to the participants in all relevant details and have answered any questions honestly and fully

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1 for participant; 1 for researcher; 1 to be kept with hospital notes