CONSENT CHECKLIST FOR INVESTIGATORS

1. Has the consent protocol been adhered to?		Yes – No
2. Has the participant/relative/carer read the 'Participant Information Booklet' (Circle all who apply).		Part: Yes – No – N/A Rel: Yes – No – N/A Car: Yes – No – N/A
3. Have you given an oral explanation to the participant/representative, including:		
	▪ this is a research study?	Yes – No
	▪ participation is voluntary?	Yes – No
	▪ the aims of the study?	Yes – No
	▪ the likely duration of the participant's involvement?	Yes – No
	▪ the expected benefits to the participant and/or others?	Yes – No
	▪ what risks, inconvenience, discomfort or distress may reasonably be anticipated for this participant?	Yes – No
	▪ that a refusal to participate or withdrawal from the whole or part of the study may be given without reasons and will not affect the usual care?	Yes – No
	▪ that personal information will be treated as strictly confidential only available to ▪ the research team?	Yes – No
	▪ whom to contact and how?	Yes – No
	▪ for permission to inform the GP of important health findings?	Yes – No
4. If you have answered NO or not answered any of the above Questions record why:…… ……		
5. Have you allowed the participant/representative sufficient time to consider the matter, discuss with others if wished, and ask you any questions?		Yes – No
6. In your opinion, has the participant/representative understood and given informed consent to this study?		Yes – No
7. Who gave informed consent? Circle all who apply in this instance.		Part: Yes – No – N/A Rel: Yes – No – N/A Car: Yes – No – N/A
8. Has the participant/representative signed and dated the consent form?		Yes – No
9. Has the participant/representative received a photocopy of this form?		Yes – No

Investigator name:……. Designation:……
Signature:…… Date:……