## 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**

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Investigator name: -------------------------------  Designation: -------------------------------
Signature: -------------------------------  Date: -------------------------------