Participant informed consent form

Form to be on headed paper

Research team actions

Version 5. 5th March 2020

Identification and characterization of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users.

*Consent Form*

Name of Lead Researcher: Dr

Please initial box

|  |  |  |
| --- | --- | --- |
|  | I confirm that I understand the nature of the study proposed, having read and understood the information sheet provided (Version 5, 6th January 2020). I have had opportunity to ask questions, and I am satisfied with the answers I have received. |  |
|  |  |  |
|  | 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 |  |
|  |  |  |
|  | I understand that sections of any of my medical notes may be looked at by responsible individuals from the participating or sponsoring NHS Trusts or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. |  |
|  |  |  |
|  | I agree to take part in the study |  |

If you would like to hear the results of the analysis of your samples (when these are available) please provide contact details here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant (please print) Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature

(please print)

When completed: one copy to patient; original copy to Site Investigator File; one copy for medical records. THANK YOU