MIRROR TRIAL

PARTICIPANT CONSENT FORM

Full title of Project: **Efficacy of the Telescopic Mirror Implant for Age-related Macular Degeneration: The MIRROR Trial (acronym MIRROR). A Multicentre Randomised Controlled Clinical Trial**

		Please Initial Box
1.	I confirm that I have read, or have read to me, and understand the Participant Information Sheet, v4.0 dated *day month* 2016 for the above study. I have had the opportunity to ask questions and these have been fully answered.	☐
2.	I confirm that I have had sufficient time to consider whether or not to participate in the study.	☐
3.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights or medical care being affected.	☐
4.	I understand the study is being conducted by the Belfast Health and Social Care Trust and that my personal information will be held securely on NHS/HSC Trust premises and handled in accordance with the provisions of the Data Protection Act 1998.	☐

Copies: 1 original in Investigator Site File.1 original copy for patient. 1 copy in Patient's Medical Records

5. I understand that data collected as part of this study and relevant sections in my medical records may be looked at by authorised individuals from regulatory authorities or NHS/HSC Trusts and representatives from the study Sponsor where it is relevant to my taking part in this research. I give permission for these individuals to have access to this information. ☐

6. I understand that images captured of my eyes will be anonymised and stored electronically on secure servers held in Queen's University Belfast. ☐

7. I understand that the information I provide may be published as a report. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications. ☐

8. I agree to my GP being informed of my participation in the study. ☐

I agree to take part in the above study.

Name of Participant (Please print)	Date	Signature
Name of Person taking consent (Please print)	Date	Signature

Copies: 1 original in Investigator Site File.1 original copy for patient. 1 copy in Patient's Medical Records