

# Study of Technologies for the Diagnosis of Angle Closure glaucoma (ACE)

## Patient Consent Form IRAS ID: 315388

Name: \_\_\_\_\_

Please initial  
each box

1. I confirm that I have read, or had read to me, and understand the Patient Information Leaflet 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 I am free to withdraw at any time, without giving any reason, it has been made clear that withdrawal will not have any affect on my standard care.
4. I understand the study is being conducted by researchers from Queen's University Belfast and that my personal information will be held securely on my local NHS/HSC premises and handled in accordance with the provisions of the Data Protection Act 1998.
5. I understand that my medical notes may be inspected by authorised individuals from NHS/HSC Trust, the Trial Co-ordinating Centre, Queens University Belfast, or regulatory authorities, where it is relevant to taking part in this research. I give permission for these individuals

to have access to my records for research related purposes only.

- 6. I agree to information related to this research being retained at the NHS/HSC Trust, the Trial Co-ordinating Centre, and Queen's University Belfast.
  
- 7. I understand that my data will be shared in an anonymised format in publications, at conferences, and in research data-sharing repositories, and I understand that I will not be personally identified.
  
- 8. I agree to my anonymised data being kept for at least 25 years after the study conclusion and it being used in other research studies and I understand that I will not be personally identified.
  
- 9. OPTIONAL: I agree to be contacted in the future to be asked if I wish to participate in future studies related to this eye disease, angle closure glaucoma.

\_\_\_\_\_  
Name of Participant  
(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Taking  
Consent (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date