

Department of Clinical Neurosciences

CONSENT FORM

LREC Reference Number: 21/NI/0120

Title of Project: **Assessment of changes in symptoms and quality of life after surgical treatment of patients with symptomatic pineal cyst - a prospective observational cohort study**

Name of Lead Investigator: Mr Thomas Santarius

Please initial box

1. I confirm that I have read and understood the **Information Sheet** dated 28 June 2021 (Version 1.2) for the above study and have had the opportunity to ask questions.
2. 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.
3. I understand that sections of any of my medical notes may be looked at by members of the research team from the Departments of Radiology and Clinical Neurosciences at Cambridge University Hospitals (CUH) or from regulatory authorities where it is relevant to my taking part in research. In the event of a Sponsor led audit or inspection, the authorised Research and Development office individual will also require access to the participant's medical records. I give permission for these individuals to have access to my records.
4. I agree to be contacted by researchers outside the current research team for the purpose of being invited to participate in other studies. I understand that I can choose whether to agree to participate in other studies or not, without giving any reason, without my medical care or legal rights being affected.

YES/NO
5. I agree to take part in the above study.

Name of Research Subject
(Please print)

Date

Signature

Name of Witness to Signature
(Must **not** be member of research team)
(Please print)

Date

Signature

Name of Research Team member
(Please print)

Date

Signature

3 copies required: top copy for researcher; one copy for patient;
one copy to be kept with research patient's notes.