

CONSENT FORM

Screening for Diabetic Macular Oedema using surrogate photographic markers

Name of Researcher: Dr. John A. Olson

Please initial box

1. I confirm that I have read and understand the information sheet dated 6th November 2008 (version 2.0b) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.
3. I understand that data collected during the study and the relevant sections from my medical records may be seen by research staff from Aberdeen University, the regulatory authorities or from the NHS Trust. Your images and clinical information may be used for further studies in the future but only with approval from a Research Ethics Committee. I give permission for these individuals to have access to my records.
4. I agree to my GP being informed of my participation in the study.
5. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature