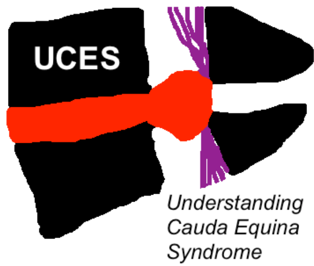


UNDERSTANDING CAUDA EQUINA SYNDROME (UCES)

Castor ID:	

(Generated when new record created in database)

CONSENT FORM

- I confirm that I have read and understand the participant information leaflet (version 2.0,16/04/18) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
- 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 and/or legal rights being affected. ☐
- I give permission for my healthcare team to share anonymised data from my medical records, including my scans. This data will be encrypted and stored within the UK. ☐
- I give permission for my GP to be contacted about my participation in the study. ☐
- I give permission for my contact details (name, email address, postal address, telephone number) to be passed to NHS Lothian for administration of the study. Contact details will be stored securely on NHS password protected computers. ☐
- I agree to my study data being linked to my existing records in databases or registries and for the linked data to be used for research purposes. ☐
- I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities, the sponsor (NHS Lothian), or other NHS health boards to ensure the study is being appropriately conducted. I agree to these individuals accessing my records. ☐
- I agree to my anonymised data being used in future ethically approved studies. Yes ☐ No ☐
- I agree to my anonymised data being processed as part of the study dataset on computers outside the NHS. I understand that my data will be held securely and stored in encrypted files on password protected computers at all times. ☐
- I agree to take part in the above study. ☐

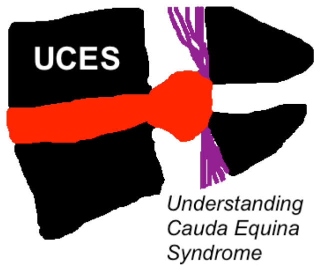
Name of Person Giving Consent	Date	Signature
Name of Person Receiving Consent	Date	Signature

1x original – into Site File; 1x copy – to Participant;

British Neurosurgical Trainee Research Collaborative
BNTRC
Advancing Research through Collaboration

BOTA
British Orthopaedic Trainees Association

BASS
British Association of Spine Surgeons



NHS
Lothian

UNDERSTANDING CAUDA EQUINA SYNDROME (UCES)

Castor ID:	

(Generated when new record created in database)

CONTACT DETAILS

Name:	
Email Address:	
Postal Address:	
Telephone Number:	

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