

Study Number:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project:

Is endoscopic third ventriculostomy an effective treatment in patients with hydrocephalus and ventriculoperitoneal shunt malfunction?

Name of Researchers:

- D. Crimmins
- P. Chumas
- A. Tyagi
- R. Ramirez
- R. O'Kane
- T. Goddard

Please initial box

1. I confirm that I have read and understand the information sheet provided for the above study and have had the opportunity to ask questions.
2. I understand that should I lose capacity during the trial my consent will still stand
3. I understand that my/my child's/relative's participation is voluntary and that I am/they are free to withdraw at any time, without giving any reason, without my/their medical care or legal rights being affected.
4. I understand that sections of any of my/their medical notes may be looked at by responsible individuals from Leeds General Infirmary where it is relevant to my/their taking part in research. I give permission for these individuals to have access to my/my child's/my relative's records.
5. I agree to the use of MR or CT or video images from this study being used in the medical literature
6. I agree to take part in the above study/I agree for my child/relative to take part in the study.

Name of Patient/Parent/next-of-kin

Date Signature

Name of Person taking consent
(if different from researcher)

Date Signature

Researcher

Date Signature

