

Patient Identification Number:

**PATIENT CONSENT FORM**  
**THE DiPALS TRIAL**

*Diaphragm Pacing in Motor Neurone Disease*

Please  
initial box

- |  |   |
|--|---|
| <p>1. I confirm that I have read and understand the information sheet dated.....<br/>         (version.....) for the above study. I have had the opportunity to consider the<br/>         information, ask questions and have had these answered satisfactorily.</p>   | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>2. I have been given enough information about the study and had enough time to come to my<br/>         decision</p>   | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>3. I understand that my participation is voluntary and that I am free to withdraw at any time<br/>         without giving any reason, without my medical care or legal rights being affected.</p>   | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>4. I understand that relevant sections of my medical notes and data collected during the study<br/>         may be looked at by individuals from the University of Sheffield, from regulatory authorities<br/>         or from the NHS Trust, where it is relevant to my taking part in this research. I give<br/>         permission for these individuals to have access to my records.</p> | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>5. I agree to be contacted for the qualitative interview*</p>   | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>6. I agree to my GP being informed of my participation in the study.</p>  | <input style="width: 50px; height: 30px;" type="text"/> |
| <p>7. I agree to take part in the above study.</p>   | <input style="width: 50px; height: 30px;" type="text"/> |

<b>Participant:</b>	
Signature: .....	
Print Name: .....	Date:.....

<b>Investigator:</b> I have explained the above study to the participant and obtained consent	
Signature: .....	
Print Name: .....	Date:.....

<b>Witness:</b>	
Signature: .....	
Print Name: .....	Date:.....
Relationship to participant: .....	

1 copy for participant; 1 for site file; 1 (original) to be kept in patient's medical notes.

\*Only 12 of 108 participants and their carers will be selected for the interviews