



Participant Consent Form

Version 1.1

Date: 25th January 2018

Study Title:

The Complications and Costs Study in HPB Surgery (CoCoS.surgery)

Principal Investigator: **Mr K Fusai**

Initial boxes

1. I agree to take part in the above audit and understand that my participation is voluntary and that I can withdraw at any time, without giving a reason.

2. I give permission for members of the audit team to collect and store anonymised data on a secure Data Entry Management System concerning my medical history, treatment and any complications should they arise.

3. I understand that the data collected about me during the study may be looked at by responsible individuals from the audit team and has been prospectively registered with the Audit department and has approval from the Caldicott guardian for data management.

Name of participant

Date

Signature

Name of person taking consent

Date

Signature
