**PARTICIPANT CONSENT FORM**

**PMBC Sleep Study**

I, ...................................................................................................................................... [name]

Of .............................................................................................................................[address]

have read and understood the Participant information sheet version 1.0 (April 2018) for the above named research study and have discussed the study with

.......................................................................................(insert name of study investigator).

* I freely agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.
* I understand that my involvement in this study may not be of any direct benefit to me.
* I have been told that no information regarding my medical history will be divulged to unauthorised third parties and the results of any tests involving me will not be published so as to reveal my identity.
* I understand that access may be required to my medical records for the purpose of this study as well as for quality assurance, auditing and in the event of a serious adverse event.
* I understand that I am free to withdraw from the study at any stage without prejudice to future treatment. If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
* I am 18 years of age or over.
* I consent to my treating Doctor/s being notified of my participation in this study and of any clinically relevant information noted by the trial doctor in the conduct of the trial.
* I declare that all my questions have been answered to my satisfaction.
* I have read, or have had read to me in a language in which I am fluent, and I understand the Participant Information Sheet, version 1.0, dated April 2018

I hereby agree to participate in all aspects of this research study **YES • NO •**

NAME: ....................................................................................................................

SIGNATURE: ............................................................................................................

DATE: ......................................................................................................................

NAME OF WITNESS: .................................................................................................

SIGNATURE OF WITNESS: .........................................................................................