

Consent Form

Title **MONITOR - MethOxyfluraNe in IntervenTiOnal Radiology**
Short Title Intra-procedural analgesia in interventional radiology:
Methoxyflurane (Penthrox) vs placebo
Protocol Number 2021/ETH00524
Project Sponsor **SWSLHD**
Coordinating Principal Investigator **Dr Ross Copping**
Principal Investigator/Associate Investigators **Dr Paul Balamon, Dr Jules Catt**
Location **Liverpool Hospital Interventional Radiology**

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand. I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, and hospitals outside this hospital to release unidentifiable information for publication in peer reviewed journals concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential. I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care. I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print): _____	
Signature: _____	Date _____

Under certain circumstances (see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9) a witness informed consent is required.*

Name of Witness* to Participant's Signature (please print) _____	
Signature: _____	Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher[†]

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/Senior Researcher[†] (please print) _____	
Signature: _____	Date _____