

Centre Number: Belfast Trust/Queen's University Belfast

Study Number: Trust R&D Ref: 09069PP-OPMS REC Ref: 10/NIR01/5 IRAS ID: 40972

Participant Identification Number for this trial:

## CONSENT FORM

Title of Project: Predicting the risk of postoperative delirium: Use of neuropsychology, serum and CSF biomarkers and genetics to predict risk of post-operative delirium – follow up of study participants

Principal Investigator: Professor David Beverland

Lead Researcher: Dr Emma Louise Cunningham

Please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
5. I agree to my General Practitioner being informed of my participation in the study. I agree to my General Practitioner being involved in the study, including any necessary exchange of information about me between my GP and the research team.
6. (If appropriate) I understand that the information held and maintained by the National Health Service and Health and Social Care Trusts may be used to help contact me or provide information about my health status.
7. I agree that blood samples I give may be stored for use in future studies on delirium.
8. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

---

Name of Person  
taking consent

---

Date

---

Signature

---

Name of Witness  
(if witnessed verbal consent)

---

Date

---

Signature