



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:

CONSULTEE DECLARATION 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

Please note, this research study is in compliance with the Mental Health Capacity Act (Northern Ireland) 2016.

Principal Investigator: Professor David Beverland

Lead Researcher: Dr Emma Louise Cunningham

Please initial box

I (name of consultee) have been consulted about (name of potential participant)'s participation in this research project. I have had the opportunity to ask questions about the study and understand what is involved.

In my opinion he/she would have no objection to taking part in the above study.

I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.

I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from Belfast Trust and/or Queen's University Belfast or from regulatory authorities, where it is relevant to their taking part in this research.

I agree to their GP or other care professional being informed of their participation in the study including any necessary exchange of information about them between their GP and the research team.

I understand that the information collected will be used to support other research in the future, and may be shared anonymously with other researchers.

(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 him/her or provide information about their health status.

I agree that blood samples he/she gives may be stored for use in future studies on delirium.

Name of Consultee Date Signature

Relationship to participant:

Person undertaking consultation (if different from researcher):

Name Date Signature

Researcher Date Signature