**Familial Hypercholesterolaemia Project in Primary Care**

**Patient Consent Form**

**Patient Care and the Use of Information**

**Please initial boxes to indicate agreement**

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| --- | --- | --- |
| 1. | I confirm that I have read and understand the information sheet dated xxxxxx (version xxx) for the above project. 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 any of my medical notes and data collected during the project, may be looked at by responsible individuals from The Newcastle Upon Tyne Hospitals NHS Foundation Trust where it is relevant to my taking part in this project. I give permission for these individuals to have access to my records.  |  |
| 4. | I understand that the results of the project will not be made available to me on an individual basis. |  |
| 5. | The data collected and sent to The Newcastle Upon Tyne Hospitals NHS Foundation Trust will be pseudonymised. |  |
| 6. | I agree to take part in the above project. |  |

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Name of Patient Date Signature

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Name of Person receiving consent Date Signature