



Centre Number:.....
Study Number:.....
Patient Identification Number For This Trial:.....

Cardiff University
School of Dentistry
Heath Park, Cardiff CF14 4XY, UK
Tel Ffon: +44(0)29 2074 2470
Fax Ffacs: +44(0)29 2074 8274
E-mail E-bost
Treasureet@cardiff.ac.uk
Prifysgod Caerdydd
Coleg Meddygaeth Cymru
Ysgol am Deintyddiaeth
Mynydd Bychan
Caerdydd CF14 4XY

CONSENT FORM

4th March 2008 (version 2)

IMPROVING CHRONIC WOUND HEALING WITH INTELLIGENT DRESSINGS

Name of Researcher: _____

Please initial box

1. I confirm that I have read and understand the information sheet dated 4th March 2008 (version 2) 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 any of my medical notes and data collected during the study, may be looked at by responsible individuals from the wound healing clinics 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 agree to take part in the above study.

5. Sample(s) donated:
- | | |
|---------------------------------|------------------|
| wound fluid and swab | Sample no: _____ |
| debrided wound tissue and swab, | Sample no: _____ |
| wound imprint and swab | Sample no: _____ |
| discarded dressing and swab | Sample no: _____ |

_____ Name of Patient	_____ Date	_____ Signature
_____ Name of Person taking consent (if different from researcher)	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

(When completed, 1 for patient; 1 copy for researcher site file; 1 (original) to be kept in medical notes)