

STANDARD CONSENT FORM

1. I, the undersigned _____
hereby consent to my involvement in the research project titled “**A descriptive study of breakthrough pain in cancer patients receiving palliative care.**”
2. I have read the information sheet, and I understand the reasons for this study. The ways in which it will affect me have been explained by the research worker. My questions have been answered to my satisfaction. My consent is given voluntarily.
3. The details of the research project have been explained to me, including: -
 - The expected time it will take
 - The nature of any procedures being performed, and the number of times they will be performed
 - Any risks/discomforts which I may experience
4. I understand that the purpose of this research project is to improve the quality of medical care, but my involvement may not be of benefit to me.
5. I have been given the opportunity to have a member of family or a friend present while the project was explained to me.
6. No information about my medical history will be taken from the hospital without the researcher being present. My identity will be kept confidential and nothing will be published which could possibly reveal my identity.
7. My involvement in the project will not affect my relationship with my medical advisers. I understand I am free to withdraw from the project at any stage without having to give any reasons, and that if I do withdraw from the project it will not affect my treatment at this hospital in the future.

SIGNED _____

ADDRESS _____

(please print)

WITNESS _____

RESEARCH WORKER

DATE
