

CONSENT TO VIEW MEDICAL RECORDS FOR RESEARCH

Research Project : **A descriptive study of breakthrough pain in cancer patients receiving palliative care.**

Protocol Number :

Chief Investigators : Ms Susan Page, Dr Julie Robinson and Prof. David Currow

Date Approval Given :

The Research and Ethics Committee has given ethical approval for this project to proceed. As the custodian of the medical records, you are now being asked to consider this project and if appropriate to give consent to the researcher(s) to access the medical records required for the study.

The Research and Ethics Committee has agreed that consent will/will not be required from individual patients to access their medical records.

Please sign and return this form to the Executive Officer, Research and Ethics Committee. A copy will be kept on file and another forwarded to the Chief Investigator of the research proposal. The Chief Investigator will be asked to present his/her copy of the form when access to patient records is required.

MANAGER MEDICAL RECORD DEPARTMENT

As the custodian of the medical records, I hereby give consent/do not give consent to the researcher(s) to access the medical records required for the above study.

Signed.....Date.....

Printed Name of Witness: