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Cartlann Taighde Oscailte Chorcaí

Title	Study protocol; Thyroid hormone replacement for untreated older adults with subclinical hypothyroidism - a randomised placebo controlled trial (TRUST)
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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Appendix 4. Patient consent form for randomisation.

Country: UK version 4.0 August 2014

Patient Identification Number for this trial:

CONSENT FORM FOR RESEARCH STUDY

Title of Project: Thyroid hormone replacement for subclinical hypothyroidism – the TRUST study.

Name of Researcher:

	Please initial to confirm
I confirm that I have read and understood the information sheet dated. . . . . (version. . .) for the above study.	☐
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
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.	☐
I understand that relevant sections of my medical notes and data collected during the Study may be looked at by responsible individuals from the University of Glasgow, NHS Greater Glasgow and Clyde and the regulatory authorities, where it is relevant to my taking Part in this research. I give permission to these individuals to have access to my records.	☐
I agree to provide a blood sample for storage of my genes (DNA) for future research on inherited factors contributing to ill health in later life.	☐
I agree to provide a further small sample after one I year for storage for future research on the effects of thyroid hormone.	☐
I agree to my GP being informed of my participation in this study.	☐
I agree to take part in the above research study.	☐

Name of Patient	Date	Signature
Name of Person Taking consent (if different from researcher)	Date	Signature

_____

Researcher Date Signature

When complete, 1 copy for patient: 1 copy for researcher site file: 1 (original) to be kept in medical notes.

_____

Researcher

When

notes.