PARTICIPANT INFORMED CONSENT FORM
LACE trial

Perindopril and Leucine to improve muscle function in older people

This form must be completed and signed by the research participant in the presence of
Principal Investigator or someone from the research team designated by the Principal
Investigator.

I have read and understood the Participant Information Sheet for the
LACE trial Version 4.0, 30-09-2016

I have spoken to Dr, Mr, Mrs, Miss

I have had the opportunity to discuss the study and to ask questions.
All my questions have been answered to my satisfaction.

I agree to my GP being informed of my participation in this study.

I understand, and I agree, that my identifiable routine blood tests and
bone scan results will be stored within the NHS clinical system and
will be available to doctors looking after me in the future.

I understand that my participation in the study is voluntary and that I
am free to leave the study at any time without having to give a reason
and that this will not affect my medical care in any way.

I understand that relevant sections of my medical notes and data
collected during the study may be looked at by the research team or
from the regulatory authorities or appropriate staff from the University
of Dundee or NHS Tayside or the local NHS Trust, where it is relevant
to my taking part in this study. I give permission for these individuals
to have access to my records.

I agree to be informed of any significant clinical finding found during
my participation in the research project and agree that members of
the research team can contact both me and my GP and inform any
referral specialist required to carry out further investigations.

I agree that if I withdraw or I am withdrawn from the study that data
already collected can be retained and included in the data analysis.
I understand and agree that the information and research blood samples that I provide will be gifted by myself, transferred to specialist laboratories and analysed by members of the study team or stored (link-anonymised) for up to 15 years and can be used for future, as yet unspecified, medical research into health, illness and medical treatment. This research will be subject to proper scientific and ethical review.

I agree that the research team can access my medical records, in both paper and electronic form, to obtain information on my health now and over the next five years to investigate the long-term effects of the study treatments.

I agree to take part in the above study.

This research is approved by The East of Scotland Research Ethics Service REC 2

_______________________________
Name of participant

_______________________________
Date

_______________________________
Signature

_______________________________
Name of person taking consent

_______________________________
Date

_______________________________
Signature

1 copy for participant; 1 copy to be filed in the hospital notes; the original to be filed in the ISF.