

SUBJECT CONSENT FORM

UNIVERSITY of BEDFORDSHIRE

Name of person requesting consent _____

Title of procedures: _____

Date and approximate time to be carried out: _____

I confirm that I understand the nature of the procedure above and what is involved in the protocol outlined. I further confirm that my health is normal and the information given is accurate and complete. I understand that there are foreseeable risks associated with the procedures and I understand that I may experience some discomfort during the procedures.

My agreement to participate is made of my own free will, and not in response to financial or other inducements. I confirm that I am not currently participating in an experimental trial.

I understand that any information about myself which I have given, or which is obtained during the course of the treatment will be treated as confidential by all concerned.

The attention of volunteers is drawn to the fact that in the case of injury to persons or damage to property no claim for damages can succeed against University of Bedfordshire or against its employees unless legal liability resulting from negligence can be proved.