

Consent Form

Version 4

15/02/11

Study No: (Q)0Y110101

Title of project: Characterisation of structural and functional components of Amniotic Membrane for Ocular Surface Reconstruction.

Name of Researchers: Prof H S Dua/ Dr A Hopkinson/ Dr M Branch/ Mrs Lana Faraj

Please Initial

- 1. I confirm that I have read and understand the information sheet for the above study (Version 4, 15/02/11). [SH]
2. I have the opportunity to consider the information, ask questions and have had these answered satisfactorily. [SH]
3. 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 any right being affected. [SH]
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Nottingham, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. [SH]
5. I agree to take part in the above study. [SH]

Name of patient [redacted] Date 30/9/15 Signature [Signature]

Name of person taking consent MATT BRANCH Date 30/9/15 Signature [Signature]

Please affix patient details here:

Amnion number: P142

126

Consent Form

Version 4

15/02/11



Study No: (Q)0Y110101

Title of project: Characterisation of structural and functional components of Amniotic Membrane for Ocular Surface Reconstruction.

Name of Researchers: Prof H S Dua/ Dr A Hopkinson/ Dr M Branch/ Mrs Lana Faraj

Please Initial

- 1. I confirm that I have read and understand the information sheet for the above study (Version 4, 15/02/11). RB
- 2. I have the opportunity to consider the information, ask questions and have had these answered satisfactorily. RB
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- 5. I agree to take part in the above study. RB

 Name of patient	29/9/15 Date	RBIRTLE Signature
MATT BRANCH Name of person taking consent	29/9/15 Date	 Signature

Please affix patient details here:

Amnion number: P141

Consent Form

Version 4

15/02/11

Study No: (Q)0Y110101

Title of project: Characterisation of structural and functional components of Amniotic Membrane for Ocular Surface Reconstruction.

Name of Researchers: Prof H S Dua/ Dr A Hopkinson/ Dr M Branch/ Mrs Lana Faraj

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1. I confirm that I have read and understand the information sheet for the above study (Version 4, 15/02/11). JB
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5. I agree to take part in the above study. JA

[Redacted]
Name of patient

14/10/2015
Date

[Signature]
Signature

MATT BRANCH
Name of person taking consent

14/10/15
Date

[Signature]
Signature

Please affix patient details here:

Amnion number: Ø 144

Consent Form

Version 4

15/02/11

Study No: (Q)0Y110101

Title of project: Characterisation of structural and functional components of Amniotic Membrane for Ocular Surface Reconstruction.

Name of Researchers: Prof H S Dua/ Dr A Hopkinson/ Dr M Branch/ Mrs Lana Faraj

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- 5. I agree to take part in the above study.

[Redacted]

Name of patient

8/10/15

Date

[Signature]

Signature

MATT BRANCH

Name of person taking consent

8/10/15

Date

[Signature]

Signature

Please affix patient details here:

Amnion number: P1143

Consent Form

Version 4
15/02/11
Study No: (Q)0Y110101

Title of project: Characterisation of structural and functional components of Amniotic Membrane for Ocular Surface Reconstruction.

Name of Researchers: Prof H S Dua/ Dr A Hopkinson/ Dr M Branch/ Mrs Lana Faraj

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- 5. I agree to take part in the above study.

[Redacted] 8/10/2015 LOUISE DEVENPORT
 Name of patient Date Signature

MATT BRAUZE 8/10/15 [Signature]
 Name of person taking consent Date Signature

Please affix patient details here:

Amnion number: P142