**Regaining Capacity Consent Form**

**Protective Ventilation with Higher versus Lower PEEP during General Anaesthesia for Surgery in Obese Patients**

 **The PROBESE Study**

**Site Name:**

**Name of Local Principal Investigator:**

**Patient Identification Number for this trial:**

 Please initial box

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the information sheet dated

30th May 2015 (Version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these  answered satisfactorily. |  |
| 1. 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.
 |  |
| 1. I understand that relevant sections of any of my medical notes and data

collected during the study, may be looked at by responsible individuals fromregulatory 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. |  |
| 1. I agree to continue to take part in the above study.
 |  |
| 1. I consent to the use of my information in this research and future research as described in the Participant Information Sheet.

  |  |
| 6. I consent to my General Practitioner being informed of my involvement in the study. |  |

Please write your full name in block capitals and sign below to indicate your willingness to continue to take part in this study.

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Name of Participant Signature Date

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Name of Person Taking Consent Signature Date

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes