**Consent Form**

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| **Title** | **SIMPLICITY - S**tandard versus m**I**nimal **M**onitoring : **P**ragmatic tria**L** in hepat**I**tis **C T**reatment | |
| **Site Principal Investigator** | | *Dr Joshua Davis* |

Location *John Hunter Hospital*

**Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand and I am 18 years of age or older.

I understand the purposes, procedures and risks of the research described in the project.

I agree to participate in this research project, as described in the participant information sheet, version 1.0

I give permission for my doctors, general practitioner or health care clinic to release information to a member of the research teamconcerning my treatment for the purposes of this project. I understand that such information will remain confidential.

I understand that I am free to withdraw at any time during the study without affecting my future health care.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

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I understand that I will be given a signed copy of this document to keep.

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| Name of Participant (please print) | | | |  | | |  |
| Signature |  | | | | Date |  |
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|  | | | | | | |  |
| Name of Interpreter (please print) | | |  | | | |  |
| Signature |  | | | | Date |  |  |
|  | | | | | | |  |
| \*If interpreter is not signed then an interpreter was not required and the researcher will write NR = not required | | | | | | |  |
| **Declaration by Researcher**  I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation. | | | | | | |  |
| Signature of Researcher | |  | | | Date |  |  |
|  | | | | | | |  |

Note: All parties signing the consent section must date their own signature.