<mark>ISM</mark>	
	Trial Consent Form

I have:

**PRISM Trial Office,** Health Services Research U: Tel: 01224 551106 F

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**Participant Study No** 

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I have:		
Discussed the study with		
	Ye	s No
Been given the Information Leafle	ets about the study	
<ul> <li>Received satisfactory answers to</li> </ul>	my questions.	
Been given satisfactory information	on about the study.	
I understand that:		
<ul> <li>I have chosen to be randomly all my Paget's Disease or intensive b</li> </ul>	ocated to either receiving symptomatic treatr isphosphonate therapy.	nent for
<ul> <li>I will be asked to fill out question study.</li> </ul>	nnaires at specified time intervals after star	ting the
<ul> <li>I may be approached to find out he</li> </ul>	ow I am, for some years after starting the stud	у.
My General Practitioner will be no	tified that I am taking part in the study.	
• • •	that I am free to withdraw from the study at a f I withdraw, this will not affect my future medi	•
l agree that:		
information related to my treatr my hospital or other NHS notes	ment for Paget's Disease may be collected by authorised individuals	<u>from</u>
I agree to take part in the study		
Signature of participant		
Name (in block capitals)		
Date		
I confirm that I have explained to to to the study and the procedures in	the person named above, the nature and p	urpose
Signature of researcher		
Date		



## **Trial Consent Form**

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**Participant Study No** 

## Copy 2 To be returned to the PRISM Trial Office

	To be returned to the PRISM Trial Office
•	Discussed the study with
	Yes No
•	Been given the Information Leaflets about the study (Version 2, Aug 2001).
•	Received satisfactory answers to my questions.
•	Been given satisfactory information about the study.
l u	inderstand that:
•	I have chosen to be randomly allocated to either receiving symptomatic treatment for my Paget's Disease or intensive bisphosphonate therapy.
•	I will be asked to fill out questionnaires at specified time intervals after starting the study.
•	I may be approached to find out how I am, for some years after starting the study.
•	My General Practitioner will be notified that I am taking part in the study.
•	My participation is voluntary and that I am free to withdraw from the study at any time without having to give a reason. If I withdraw, this will not affect my future medical care or legal rights.
<u>l a</u>	gree that:
•	information related to my treatment for Paget's Disease may be collected from my hospital or other NHS notes by authorised individuals
l a	gree to take part in the study
Się	gnature of participant
Na	ame (in block capitals)
Da	ate
	confirm that I have explained to the person named above, the nature and purpose the study and the procedures involved
Si	gnature of researcher
Da	ate



Trial	Ca	ncont	Form
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**Participant Study No** 

## Copy 3 To be placed in the Patient's Notes

I have:
Discussed the study with
Yes No
Been given the Information Leaflets about the study (Version 2, Aug 2001).
Received satisfactory answers to my questions.
Been given satisfactory information about the study.
I understand that:
<ul> <li>I have chosen to be randomly allocated to either receiving symptomatic treatment for my Paget's Disease or intensive bisphosphonate therapy.</li> </ul>
<ul> <li>I will be asked to fill out questionnaires at specified time intervals after starting the study.</li> </ul>
I may be approached to find out how I am, for some years after starting the study.
My General Practitioner will be notified that I am taking part in the study.
<ul> <li>My participation is voluntary and that I am free to withdraw from the study at any time without having to give a reason. If I withdraw, this will not affect my future medical care or legal rights.</li> </ul>
I agree that:
information related to my treatment for Paget's Disease may be collected from my hospital or other NHS notes by authorised individuals
I agree to take part in the study
Signature of participant
Name (in block capitals)
Date
I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved
Signature of researcher
Date