

Informed Consent Form

Protocol: SCRIPT

Study Doctor:

Site/Institution: Kings College London

Participant Number:

Participant Initials:

Short Title: SRC inhibition as a potential target for Parkinson's disease psychosis

By signing below you are confirming that you have read the participant information sheet and this informed consent form and understand it.

I declare the following:

Please initial each box.

<ul style="list-style-type: none"> • I confirm that I have read the information sheet dated XXXX (version 1.0) for the above study and I have been given enough time to ask questions about the study and my questions have been answered to my satisfaction. 	
<ul style="list-style-type: none"> • I understand that I am taking part in this study voluntarily and I can withdraw from the study at any time without giving any reason, without penalty, losing any benefits and without my medical care or legal rights being affected. 	
<ul style="list-style-type: none"> • I understand that I have been provided with additional contact details should I have additional questions regarding this study or in the event of an illness that I think is related to my taking part in the study. 	
<ul style="list-style-type: none"> • I agree that my own doctor will be told about me taking part in this study and they may give the study doctor information about my health, and that they may be informed of any significant findings identified during the study assessments. 	
<ul style="list-style-type: none"> • I understand and agree that the MRI brain scan is not a diagnostic procedure. Should there be any concerns with what is found however, I consent to my scans being forwarded to the appropriate specialist for review and reporting. I further consent to the results of this report being disclosed to my General Practitioner and the research team. 	
<ul style="list-style-type: none"> • I understand that relevant sections of my medical notes may be looked at by individuals from King's College London, 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. 	
<ul style="list-style-type: none"> • I understand that my personal health information can be used and transferred in the ways described previously. 	

<ul style="list-style-type: none"> I specifically agree to my personal health information, MRI scans and blood samples collected during the study being sent outside the European Economic Area (EEA) as described in this information sheet where laws don't protect my privacy to the same extent as the GDPR in the UK/EEA, but the Sponsor will take all reasonable steps to protect my privacy. 	
<ul style="list-style-type: none"> I understand that the information collected about me may be used to support other research in the future and shared anonymously with other researchers. 	
<ul style="list-style-type: none"> I understand that the Sponsor and other companies and people working for or with the Sponsor may use my personal health information in the future to: <ul style="list-style-type: none"> study other therapies for patients; develop a better understanding of diseases included in the study; and improve the efficiency, design and methods of future clinical studies. 	
<ul style="list-style-type: none"> I understand that I will not lose any of my legal rights by signing this informed consent form. 	
<ul style="list-style-type: none"> I will receive a fully signed and dated copy of this informed consent form. 	
<ul style="list-style-type: none"> I agree to take part in this study. 	

Each person signing this informed consent form must personally date their own signature.

By signing below, I agree that I would like to take part in the study.

Name of participant (print)

Signature of participant

Date

Printed name of person obtaining informed consent

Signature of person obtaining informed consent

Date

When completed, 1 signed and dated original for participant; 1 signed and dated original for researcher site file; 1 signed and dated copy to be kept in medical notes.