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### CONSENT FORM (Participant No:.....)

**Title of Project: The effect of an intestinal adsorbent on hydrogen and methane breath testing, in patients with abdominal and reflux symptoms, on long term proton pump inhibitor therapy**

**Name of Researcher:** Dr Anthony Hobson

**Please initial box**

1. I confirm that I have read and understand the information sheet dated 15/05/2019 (Version 3) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.
2. 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.
3. I understand that relevant information on my medical history will be recorded and may be assessed by responsible individuals from the Chief Investigator's staff, FW medical or from the regulatory authorities, where it is relevant for regulatory purposes or in the case of an adverse event. I give permission for these individuals to have access to my study records.
4. I agree / do not agree (please circle as appropriate) that the study research team may inform my GP about my participation in the above named study.

5. I would like to be informed of the results of the study once it has been completed

6. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of researcher taking consent      Date                      Signature

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



