**Glasgow Clinical Research Facility**

**Form 57.001D: Consent Form for Observed Clinical Visit**

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| **Study Title** |  |
| **R&D Ref.** |  | **Lead Study Nurse** |  |
| **PI/Co-Investigator** |  | **Study team member external to NHS GGC**  |  |
| **Date of visit** |  | **Study team member external to NHS GGC contact details** |  |
| **Hospital** |  | **Clinic/department** |  |

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| **The conduct of this study and how study procedures are carried out will be subject to assessment and monitoring by the study sponsor. This will be done by observation and review of study documentation.****As part of this study the study sponsor would like to observe how the study team carry out study visits/procedures and may provide additional technical support/training.** |
| I understand this study visit and the associated procedures are being observed by a member of the research team who are independent of my local study team.  | Initial |
| I understand I can decline having an observer present at my study visit/study procedure without giving a reason, and can change my mind at any time. |  |
|  |  |
| Name of Participant  | Signature | Date |
|  |  |  |
| Name of Study Team Member | Signature | Date |
|  |  |  |