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Participant Identification Number for this trial:

CONSENT FORM

LASTING Symptoms after Oesophageal Resectional Surgery (LASORS)

1. I confirm that I have read and understood the Patient Information Sheet dated 25.03.19 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, and without my medical care, education, employment or legal rights being affected.
3. I agree to my data, including personal identifiable data, being stored on Imperial College London computer system and understand my research data will be stored for 10 years following completion of the study.
4. I understand that sections of my research notes and/ data may be accessed by responsible persons from the research team, from Imperial College London and/or Imperial College Healthcare NHS Trust or from regulatory authorities where it is relevant to the research and in order to check that it is being conducted correctly.
5. I agree for my contact details to be stored on Imperial College London Secure Database in the event that I may request for a research summary. Once the research summary has been sent out, I understand my personal contact details will be deleted.
6. I agree to take part in the above study.

Full name of Participant Date Signature

Name of person taking consent Date Signature

Consent Form: Version 1.0 Date 25.03.2019

IRAS No: XXX

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