



WORK PACKAGE 3: CLINICAL PROSPECTIVE STUDY (ENTRESTO ARM)

PATIENT CONSENT FORM

Patient Identification number for this trial: _____

Title of Project: Clinical and genetic determinants of disease progression and response to sacubitril/valsartan in patients with hypertrophic cardiomyopathy

Name of researchers: _____

Please initial box

- | | |
|---|--------------------------|
| 1. I confirm that I have read and understand the information sheet dated (version) for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participant 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. | <input type="checkbox"/> |
| 3. I agree to my GP being informed of my participation in the study. | <input type="checkbox"/> |
| 4. I understand that my results will be kept confidential and anonymous. | <input type="checkbox"/> |
| 5. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by members of the research team or individuals from regulatory bodies for auditing purposes. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 6. I understand that after this study, any samples that I donate will be destroyed. All samples will be anonymised, meaning that no one will be able to identify me from the sample or from the information that accompanies it. | <input type="checkbox"/> |
| 7. I understand that in this study, anonymised data may be shared with collaborating research partners and used in another research project. | <input type="checkbox"/> |
| 8. I agree to take part in the above study | <input type="checkbox"/> |

Name of Patient

Date

Signature

Name of Investigator

Date

Signature

1 for Patient; 1 for Investigator; 1 to be kept with hospital notes