

Study Number for the EDNA study:

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CONSENT FORM

Title of Project: **Early Detection of Neovascular Age-related macular degeneration (AMD): The EDNA study.**

Name of Chief Investigator: **Usha Chakravarthy, Queen's University Belfast.**

Please INITIAL on the lines

1. I confirm that I have read and understand the information sheet -----
(dated 02-11-15 Version 3) 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 any reason, without my medical care or legal
rights being affected.

3. I understand that relevant sections of my medical notes and data -----
may be looked at by individuals directly involved in the study, from regulatory
authorities, from the Sponsor, or from the NHS Boards or Trusts where it is relevant
to my taking part in this research. I give permission for these individuals to have
access to my records.

4. I agree to my GP being informed of my participation in the study. -----

5. I understand that relevant data collected during the study together -----
with my personal contact details will be kept confidentially and securely by the study
office at the University of Aberdeen.

6. **I agree to take part in the EDNA study.** -----

