

APPENDIX B

PATIENT CONSENT FORM

Centre Number _____

Patient Number _____

A randomised placebo controlled study of Ephedrine/Etilefrine for prevention of recurrent (stuttering) attacks of priapism in sickle cell disease.

I FREELY AGREE TO PARTICIPATE IN THIS STUDY	Yes	No
I have read the Patient Information Sheet provided	Yes	No
I have had the opportunity to ask questions about the study	Yes	No
I understand that my medical care will not be affected if I do not participate in the research study.	Yes	No
I give consent form my case records to be looked at if necessary for purposes of the study.	Yes	No
I can withdraw at any time without giving a reason	Yes	No
I give permission for my GP to be informed	Yes	No

Name and signature of Participant:

..... **Date:**

Name and signature of Principal Investigator: .

.....**Date:**.....