

The connection between the increased thrombotic risk and Parkinson’s disease

Consent Form for Healthy Volunteers: Optional Second Visit

Name of Chief Investigator: Dr Caroline Kardeby

Please initial boxes

1	I confirm that I have read and understand the Participant Information Sheet [1.1, 20231113] for the above study.	
2	I have had the opportunity to consider the information of the Participant Information Sheet, ask questions, and the researchers have answered as much as they possibly can.	
3	I understand that my participation is voluntary and that I am free to withdraw at any time during the study, without giving a reason and without my legal rights being affected.	
4	I understand that I am able to withdraw my data until the end of the study 31/10/2028, and that it may not be possible to remove data from analyses that have already been performed and/or published.	
5	I agree to my personal data and data relating to me collected during the study being processed as described in the Participant Information Sheet.	
6	OPTIONAL: In the event the research team identify an incidental finding in my retina, I consent to the images being forwarded for review to an appropriate clinician and results disclosed to my GP if deemed appropriate by that clinician.	
7	I agree to participate in the examinations described in the Participant Information Sheet; Optical Coherence Tomography, Digital Thermal Monitoring, Montreal Cognitive Assessment, and Electroencephalogram.	
8	I agree to my anonymised data being used by research teams for future research.	
9	I agree to take part in this study.	

Name of participant

Date

Signature

Name of Person receiving
consent.

Date

Signature