



Department of Psychiatry
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Participant identification number _____

Consent Form

Title: The cognitive profile of adolescent Obsessive-Compulsive Disorder
Chief investigator: Professor Barbara Sahakian

- | | Initial box |
|--|--------------------------|
| 1. I confirm that I have read and understand the information sheet dated _____ for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that the participation of my child is voluntary and that we are free to withdraw at any time without giving a reason, without our medical care or legal rights being affected. | <input type="checkbox"/> |
| 3. I understand that relevant sections of my child's data collected during the study may be looked at by individuals from the research team and from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4. I understand that the data may be reported in the form of internal reports and scientific papers and presentations. Any information that could identify me or my child will be detached from these data and will not be given to anyone who is not a member of the research team. I agree that the data can be made available anonymously to other researchers. | <input type="checkbox"/> |
| 5. I agree to take part in the above study. | <input type="checkbox"/> |
| 6. I wish to be contacted again for future studies by a member of the research team. | <input type="checkbox"/> |

Name of parent	Date	Signature
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Name of child	Date	Signature
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Name of researcher	Date	Signature
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2 copies: 1 copy for family; 1 for research files