Consent for Hair Research in association with the Charles Institute of Dermatology, UCD, Dublin, Ireland

Name:

Date:

Pin:

I hereby consent to the use of a sample of skin and/or scar tissue taken from me during today's procedure, for use in biomedical research at the Charles Institute of Dermatology at UCD in Dublin, Ireland.

I understand that this should not affect my surgical procedure in any way and I will receive the same standard of care whether or not I consent to participation in this study.

I understand that the doctors are conducting a range of laboratory studies in association with the Charles Institute of Dermatology at UCD for the advancement of knowledge in the field of hair sciences. The clinic and doctors do not receive any financial reimbursement for participation in these studies.

Confidentiality: I understand that an information sheet is sent with the sample taken. My personal details will be removed so that I cannot be recognised from the sample and all information which is collected about me during the research will be kept strictly confidential. I also understand that, as a result of this research being confidential, I will not be able to access the data which arises from processing the sample taken from me.

I note that I may withdraw my consent without giving a reason at any time prior to the collection of the sample from me as thereafter the sample will not be readily identifiable as my sample.

I have been given an opportunity to ask all questions I desire regarding the matters covered in the preceding paragraphs, and these questions have been answered to my satisfaction. I have read, and thoroughly understand, this consent form. I, therefore, freely and openly consent to the use of a sample of skin and/or scar tissue for use in biomedical research at the Charles Institute of Dermatology at UCD.

I have read and today signed this consent form prior to the administration of any medication.

Date: _____ Time: _____ Signed: _____
(Patient)

I confirm that I have explained to the patient the nature and purpose of the operation.

Date: _____ Time: _____ Signed: _____
(Surgeon)

Date: _____ Time: _____ Signed: _____
(Witness)