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CONSENT FORM

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title: Can castor oil improve tear film and ocular surface quality?

Researcher(s): Prof Jennifer P. Craig, Dr Kalika Bandamwar, Catherine Shon, Carol D’Souza

I have read and understood the details of the study included in the Participant Information Sheet provided. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research study to evaluate the effects of castor oil on the tear film and ocular surface quality.
- I understand that I have the right to withdraw my participation in the study at any time and to withdraw any details traceable to me up to two weeks after my clinic visit.
- I understand that clinical data will be kept for six years in locked filing cabinets or on the investigator’s password protected computer, after which time they will be safely destroyed, and that de-identified data will be stored indefinitely for future research purposes.
- I understand that the study results might be submitted for scientific publication or presentation at conferences but that I will not be individually identifiable in any report.
- I understand that the de-identified data originating from this project may be collated with existing and/or future data to strengthen the study and allow the provision of better information for clinicians treating patients who suffer from dry eye.
- I understand that procedures carried out during the research may reveal underlying eye conditions that will be managed or referred to an appropriate specialist as required.
- I understand that if I am not willing to be informed of such incidental findings, I am not eligible to participate in this study.
- I understand that my participation or non-participation will not influence my academic progress in any way, if I am a student, nor my ongoing clinical care, from my current eye care specialist or from the University.
- I wish to receive the summary of the research findings at the end of the study. YES / NO

If YES, please include your contact details (email address) below:

Name:
(Please Print in Capital Letters).....

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