

**CONSENT FORM**

**Epilepsy Research using the Internet; an International Pilot Study  
Collection of information about seizures and treatment via the Internet**

PRINCIPAL INVESTIGATOR: Dr Michelle Kiley

1. The nature and purpose of the study project has been explained to me. I understand it, and agree to take part.
2. I understand that I may not benefit from taking part in the study.
3. I understand that, while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
4. I understand that I can withdraw from the study at any stage and that this will not affect my medical care, now or in the future.
5. I have had the opportunity to discuss taking part in this investigation with a family member or friend.
6. I understand that my information will automatically be kept in the database unless I inform the Principal Investigator that I wish for it to be removed.

Name of Participant: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

I certify that I have explained the study to the patient/volunteer and consider that he/she understands what is involved.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

(Principal Investigator)