

## CONSENT FORM

Patient name \_\_\_\_\_

CI number \_\_\_\_\_

The University of Southampton Auditory Implant Service is committed to research to improve patient outcomes and the service our patients receive. As such we would like to be able to use information collected from our patients in research projects, service evaluations or audits. These projects could occur at the University of Southampton, at other cochlear implant centres or Universities, at the cochlear implant companies, or at other external agencies. Your data would be anonymised; this means that you would not be able to be recognised from the data used.

By signing below you agree that you are happy for anonymised data from you (or your child if the patient here is a child) to be used for these purposes.

**Please note, if you choose not to allow your data to be used for research, service evaluation or audit this will not affect your treatment at the University of Southampton Auditory Implant Service in any way.**

\_\_\_\_\_  
Name of person signing                      Date                      Signature

Relation to patient \_\_\_\_\_

\_\_\_\_\_  
Name of person taking consent (Staff member)                      Date                      Signature

When completed, 1 for patient; 1 for patient file