

Informed Consent for Third Party Involvement



IMPORTANT - COMPLETE ALL SECTIONS IN BLOCK CAPITAL LETTERS AND ENSURE ALL TEXT IS CLEAR AND LEGIBLE. FAILURE TO COMPLY MAY LEAD TO THE TEST CASE BEING SUBJECT TO DELAY.

I, (Test participant name)

Date of Birth

hereby give permission for Crystal Health to consult with/provide information (including reports & letters) to the following:

Third Party 1 Details:

Name / Organisation

Relationship to test participant

Contact Number

Email Address

Postal Address (if necessary. Please note charges may apply)

Third Party 2 Details:

Name / Organisation

Relationship to test participant

Contact Number

Email Address

Postal Address (if necessary. Please note charges may apply)

Third Party 3 Details:

Name / Organisation

Relationship to test participant

Contact Number

Email Address

Postal Address (if necessary. Please note charges may apply)

Test Participants Signature

Date

Please note, it is the responsibility of the test participant to ensure that the third party is aware of the case reference if they wish to contact Crystal Health Group to discuss this case.

	Version	Approval Date	Review Date
	v03.03.22	March 2022	March 2023