The FENETRE Study - Quality-Assured Follow-Up of quiescent neovascular age- related maculaR dEgeneration by non-medical practitioners: study protocol and statistical analysis plan for a randomised controlled trial

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Supplementary material

To be inserted onto the header

Study Number: Centre Number (*if appropriate*):
Participant identification Number for this trial:
Version: 3.0
IRAS number: 254025
Date: 23/04/2019

CONSENT FORM

Title of Project (Quality-Assured Follow up of quiEscent Neovascular agE-relaTed maculaR dEgeneration by non-medical practitioners: a randomised controlled trial The FENETRE study):

Name of Researcher: _____

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the sponsor of the trial, responsible persons authorised by the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. I understand that anonymised data collected during the study, including eye scans (Optical Coherence Tomography) and clinical data may be used for future research projects. ☐

4. I agree to take part in the Artificial Intelligence sub-study. ☐

5. I agree to my GP being informed of my participation in the study. ☐

6. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

When completed: 1 for participant; 1 (original) for researcher site file; 1 to be kept in medical notes.