Nottingham University Hospitals NHS Trust

Participant Consent Form

Version: 1.1 Date: 03Mar2022


Chief Investigator: Kerry Evans

Patient Study ID: ...................... Initials: ..................

1. I confirm that I have read and understand the information sheet dated _____ (version _____) for the above study and have had the opportunity to ask questions.

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

3. I understand that my medical records may be looked at by authorised individuals from the Sponsor for the study in order to check that the study is being carried out correctly.

4. I understand that even if I withdraw from the above study, the data collected from me up until the point I withdraw will be used in analysing the results of the trial.

5. I consent to the storage including electronic, of personal information for the purposes of this study. I understand that any information that could identify me will be kept strictly confidential and that no personal information will be included in the study report or other publication.

6. I agree that my GP, midwife, or any other doctor treating me, will be notified of my participation in this study.

7. I agree to take part in the research interviews. I understand that the interviews will be audio recorded but nothing that can identify me as an individual will be reported.

8. I agree to take part in the study.

Name of the patient (Print) date Patient’s signature

Name of person receiving consent (Print) date Signature

Original to be retained and filed in the site file. 1 copy to patient, 1 copy to be filed in patient’s notes

IRAS 294369; Informed Consent Form; version 1.1 dated 03-Mar-2022
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