

TAPPS TRIAL – PATIENT CONSENT FORM

PLEASE COMPLETE OR AFFIX PATIENT LABEL

NHS NUMBER

DATE OF BIRTH

ADDRESS

Evaluating the efficacy of thoracoscopy and talc poudrage versus pleurodesis using talc slurry (TAPPS trial)
 Chief Investigator: Dr Nick Maskell
 REC 12/NW/0467

Trial number			

Recruiting centre

Please INITIAL in boxes

1	I confirm that I have read and understood the patient information sheet dated/...../..... (Version) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my future medical care or legal rights being affected as a consequence.	
3	I give permission for samples of my blood and pleural fluid to be taken, stored and analysed for the purposes of the TAPPS trial.	
4	I give permission for samples of my blood and pleural fluid to be stored and used in future research projects subject to ethical review.	
5	I understand that sections of my medical notes, and data collected during the study, may be looked at by individuals involved in the running of the trial, by regulatory authorities, or by representatives of North Bristol NHS Trust or the trial coordinating centre. I give permission for these individuals to have access to my records where it is relevant to my taking part in the research.	
6	I give permission for any anonymised radiological images obtained during my period of trial involvement, and for my trial data (some of which may identify me) to be transported from my hospital site to the sponsor site (North Bristol NHS Trust) or to the trial co-ordinating (the Oxford Respiratory Trials Unit) for the purposes of analysis, monitoring and follow up.	
7	I give permission for information about me, held by the NHS, the Health and Social Care Information Centre, and the NHS Central Register to be used to help provide information about my health status and to help contact me if necessary.	
8	I give permission to be contacted by members of the trial team by telephone, or by other means such as text or email, regarding the above study. I understand that my contact details will not be made available to any third parties.	
9	I would like my GP (Dr.....) to be notified about my participation in the study and I give my permission for you to contact them.	
10	I agree to take part in this study.	
If you would like to know the results of this study, please tick this box and we will write to you when the study is completed.		

		DD	MM	YYYY
Patient name (please PRINT)	Signature	Date		

		DD	MM	YYYY
Researcher completing form	Signature	Date		

TAPPS TRIAL – GENETIC CONSENT FORM

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Chief Investigator: Dr Nick Maskell
REC 12/NW/0467

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As we expect to do some gene studies on the blood samples from this trial, we need to ask you to confirm your consent to this by signing this signature sheet as well as the general consent form.

These samples will be used to study which genes are important in conditions like yours, to help us understand exactly what happens in these diseases. Some of the genetic tests will try and clarify why some people, like you, develop these problems. The blood and gene samples may also be used in other research (some of which may be funded by commercial companies) with a view to developing medical diagnostic tools for doctors, and new treatments to help patients like you in the future.

The blood samples for gene testing will be stored at the Respiratory Research Unit at Southmead Hospital, Bristol. All this research will be done on coded samples, which protects your confidentiality.

If you are happy for us to use your samples in this way **please initial the box** before signing and dating below. Thank you for your time.

I agree to the collection and storage of blood and DNA (genetic) samples and for these to be used in future research, subject to ethical review

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		DD	MM	YYYY
Patient name (please PRINT)	Signature	Date		

		DD	MM	YYYY
Researcher completing form	Signature	Date		