

TRUST LOGO (if applicable), or a placeholder, ‘local logo/letterhead’

Departmental Header if desired.

Add contact details of the

local research team and

either the Chief or Local Investigator

*Study Code: Site ID Code: Participant identification number:*

**CONSENT FORM**

**<Study Title>:** *the title could be the same as in the protocol or a simplified version understandable to a lay person*

*Name of Researcher: If you agree, please initial box*

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| --- | --- |
| 1. (*Required*) I confirm that I have read the information sheet dated.................... (version............) for this study. I have had the opportunity to consider the information, ask questions, and have these answered satisfactorily.
 |  |
| 1. (*Required*) 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.
 |  |
| 1. (*Required*) I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities <and from the NHS Trust(s)>, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
 |  |
| 1. (*If relevant*) I agree to donate <state samples>. I consider these samples a gift to the University of Oxford, and I understand I will not gain any direct personal or financial benefit from them.
 |  |
| 1. (*If relevant*) I agree to the <interview/focus group> being <audio/video> recorded.
 |  |
| 1. (*If relevant*) I agree to my General Practitioner being informed of my participation in the study.
 |  |
| 1. *(If relevant)* I understand that the information held and maintained by NHS England / NHS Central Registers may be used to help contact me or provide information about my health status.
 |  |
| 1. (*Genetic research, if relevant*) I understand and agree that my samples will be used in research aimed at understanding the genetic influences on disease and that the results of these investigations are unlikely to have any implications for me personally.
 |  |
| 1. (*Scans, if relevant*): I understand that scans are for research, are not useful for medical diagnosis, and are not routinely looked at by a doctor. If a concern is raised about a possible abnormality on my scan, I will only be informed if a doctor thinks it is medically important such that the finding has clear implications for my current or future health.
 |  |
| 1. (*Required*) I agree to take part in this study.
 |  |
| Additional: |  |
| 1. (*If relevant*) I agree to be contacted about ethically approved research studies for which I may be suitable. I understand that agreeing to be contacted does not oblige me to participate in any further studies.
 | Yes  | No |
|  |  |
| 1. (*If relevant*) I agree for my samples to be used, in a form that does not identify me, in future research here or abroad, which has ethics approval. I understand this research may involve commercial organisations.
 | Yes | No |
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| *Name of Participant* | *Date* | *Signature* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Name of Person taking Consent* | *Date* | *Signature* |

When completed: 1 copy for participant; 1 for researcher site file (original); 1 copy to be kept in medical notes (*if participant is a patient*)