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| --- | --- |
| Centre Number: |  |
| Project Number: |  |
| Participant Identification Number for this trial: |  |
| **Title of Project:** |  |
| **Name of Researcher(s):** |  |
| ***Note: The statements below are examples. Keep only those relevant to your research project and add any missing project specific details. Statements in Bold are recommended for all consent forms*** |
| **CONSENT FORM** | Please initial box |
| **I confirm that I have read and understood the Participant Information Sheet version xxxxx dated xx/xx/xxxx.** |  |
| **I confirm that I have read and understood the Privacy Notice version xxxxx dated xx/xx/xxxx.****I have had the opportunity to think about the information and ask questions, and understand the answers I have been given.**  |  |
| **I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.** |  |
| **I confirm that I agree to the way my data will be collected and processed and that data will be stored for up to X years in University archiving facilities in accordance with relevant Data Protection policies and regulations.**  |  |
| **I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.**  |  |
| **I agree that my name, contact details and data described in the information sheet will be kept for the purposes of this research project.** |  |
| **I understand that if I withdraw from the study, my data collected up to that point will be retained and used for the remainder of the study.** |  |
| **I agree to take part in the study.** |  |

***Other optional statements related to qualitative study design:***

|  |  |
| --- | --- |
| I agree to my interview/focus group being audio-recorded. |  |
| I understand that the recorded interview/focus group will be transcribed word by word and the transcription stored for up to X years in University archiving facilities in accordance with Data Protection policies and regulations. |  |
| I understand that my information and things that I say in an interview or focus group may be quoted in reports and articles that are published about the study, but my name or anything else that could tell people who I am will not be revealed. |  |
| I agree to be contacted by the research team in around XX weeks’/ months’ time about taking part in another interview.  |  |
| I agree that researchers can tell my GP that I am taking part in this study.  |  |
| I agree for the data I provide to be anonymously archived in the UK data archive or other approved archiving facilities, and that other researchers can have access to this data only if they have scientific and ethical approval, and agree to preserve the confidentiality of this information as set out in this form. |  |
| I agree that should significant concerns regarding my mental or physical health arise during my participation in the study that a member of an appropriate clinical team will be immediately informed.  |  |
| I understand that any criminal acts which come to light as a result of my participation in this study may have to be reported appropriately to the relevant authorities by the research team. |  |

*Other optional statements related to project collecting biological samples:*

|  |  |
| --- | --- |
| I understand and agree with how my collected samples will be processed and handled for purposes of this study.  |  |
| I agree to a sample of my X being stored for a period of X years /indefinitely at xxxxx facility/facilities.  |  |
| I agree to my sample being made available for future medical research as set out in the Participant Information Sheet. |  |
| I agree to the genetic analysis and extraction of DNA from my X sample.  |  |

#### Name of participant Date Signature

#### Name of Person taking consent Date Signature

(if different from researcher)

#### Researcher Date Signature

(1 copy for participant; 1 copy for researcher)