**INFORMED CONSENT FORM - research in the NHS**

**Thank you for considering taking part in this research.**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IRAS REF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** *Statements 1-6 are mandatory for all studies. Other statements should be included if relevant to the study design.*

*Red text should be selected and changed to black or deleted depending on the study design.*

The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form and the Information Sheet to keep and refer to at any time.

By initialling each box, you are consenting to this element of the study. It will be assumed that un-initialled boxes mean that you DO NOT consent to that part of the study and you may be deemed ineligible for the study.

**Taking part in the study**

|  |  |  |
| --- | --- | --- |
|  | Statement | Please initial each box |
| **1** | I confirm that I have read and understood the information sheet dated [INSERT DATE AND VERSION NUMBER] for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily. |  |
| **2** | I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason. Furthermore, I understand that data already collected can only be withdrawn up to [insert date if stated on Information Sheet] OR [insert text clearly defining time limit e.g. “one month after the interview”]. |  |
| **3** | I understand that information I provide may be subject to review by responsible individuals from the University of Surrey and/or regulators for monitoring and audit purposes. |  |
| **4** | I understand that information I provide will be used in various anonymised outputs, including [report, publication, website etc]. |  |
| **5** | I understand any personal contact details collected about me, such as my phone number and address, will not be shared beyond the study team. |  |
| **6** | I agree to take part in this study. |  |
| **7** | **OPTIONAL** I agree that my GP may be contacted if any unexpected results are found in relation to my health and understand that I will be informed when this happens. |  |
| **8** | **OPTIONAL** I understand that my anonymity cannot be guaranteed in the [discussion forums/focus groups], but participants will be asked to keep the discussions confidential and the research team will keep any information collected confidential. |  |
| **9** | **OPTIONAL** I agree to keep the discussions in the [focus groups/forums] confidential. |  |
| **10** | OPTIONAL I agree that my real name can be used for quotes |  |
| **11** | **OPTIONAL** I agree for my personal data to be transferred to other researchers outside the UK. |  |
| **12** | **OPTIONAL** I understand the purpose of having tissue samples collected for this study as stated in the information sheet. |  |
| **13** | **OPTIONAL** I consent to having tissue samples collected for this study for the purposes stated in the information sheet and I understand my rights to withdraw and how I can obtain results from the research team. |  |

**Future use of the information in the study**

|  |  |  |
| --- | --- | --- |
|  | Statement | Please initial each box |
| **14** | **OPTIONAL** I give permission for my de-identified data to be archived [in an external data archive (e.g. UK Data Archive] and shared anonymously with other researchers, in order to carry out future research [specify any restrictions on use e.g. not for commercial use or only safeguarded access]. |  |
| **15** | **OPTIONAL** I consent to my identifiable [personal data/special category data] to be deposited/stored in [name of archive] for similar future ethically approved research studies and I understand that I can withdraw this consent at any time without giving a reason. |  |
| **16** | **OPTIONAL** I agree for my personal contact details to be stored by the research team who may like to invite me to participate in follow-up studies to this project or in future studies being conducted at the University of Surrey. |  |
| **17** | **OPTIONAL** I consent for any surplus samples of my tissue collected for this study to be stored under the University of Surrey’s Human Tissue Authority licence for use in future ethically approved research studies. I understand that any linked personal data [e.g. health or lifestyle information etc.] will [be anonymised / remain identifiable]. |  |

**Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Participant Date Signature**

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**Name of Researcher Date Signature**