



Nurse I.D.

--	--	--	--

Participant I.D.

--	--	--	--	--	--

iQuit in Practice: A Randomised Controlled Trial to assess the effectiveness of iQuit in supporting smokers to quit smoking.

CONSENT FORM

*please initial
each box*

- I confirm that I have had the opportunity to read the participant information sheet for the above study (version 5, dated 04.01.2017), and have had any questions answered satisfactorily.
- I understand that my participation in the study is completely voluntary, and that I am free to withdraw at any time without giving a reason and without my medical care being affected
- I am aware that all information I provide will remain confidential and that anonymised data may be entered into a database by a professional data processing company.
- I agree to my data being shared with researchers external to the University including outside the EU and understand that any information that can identify me will have been removed beforehand.
- I understand that monitors and auditors from the funder, sponsor, NHS Trust and regulatory inspectors may require access to the data to check that the study is being properly conducted.
- I agree to my mobile phone number being used in this study.
- I understand that I will be asked to provide a saliva sample at six months if I have successfully stopped smoking.
- I agree for the study team to obtain details of my ethnicity, occupation and 4-week quit outcome from my GP practice.
- I agree to take part in the above study.

*please
initial*

*please
initial*

*please
initial*

*please
initial*

*please
initial*

*please
initial*

*please
initial*

*please
initial*

*please
initial*

Name (participant) – <i>please print</i> Title / first name / surname		Today's Date (dd/mm/yy)	Signature:																									
Address (participant)																												
		include full postcode here	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
Email address:	Mobile number:	Home number:																										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Name of person taking consent – <i>please print</i>		Today's Date (dd/mm/yy)	Signature of person taking consent:																									

Appendix 4. iQuit in Practice participant consent form

--	--	--

* 3 copies to be retained- top (white) to research team, middle (yellow) to practice medical records, bottom (pink) to the participant.