



## Patient - CONSENT FORM

**Chief Investigator:** Prof David Wright (University of Leicester)

**Principal Investigator:** <insert name and site>

**Name of Participant:**

**Participant Enrolment Log ID:**

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**Participant REDCap ID:**

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**Please initial box**

1. I confirm that I have read and understand the information sheet version number \_\_\_\_, dated \_\_\_\_\_ for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If I do withdraw, I understand that any information collected may continue to be used. ☐
3. I agree to my contact details and a copy of this consent form being held securely and confidentially by Norwich Clinical Trials Unit who are coordinating the trial. ☐
4. I agree to my GP or other health and social care professionals being informed of my participation in this study ☐
5. **OPTIONAL:** I am happy to be contacted about providing feedback about my experience during my hospital stay. This could be by telephone or online e.g. Microsoft® Teams or by completing a short form. I understand that the conversation will be digitally recorded. Where this is held via an online teleconference platform e.g. Microsoft® Teams, the recording will be audio-visual. **If yes, please specify your preferred method**  
  
Telephone ☐ Online e.g. Microsoft® Teams ☐ Written form ☐
6. I would like to receive information about the study results (please tick relevant box)  
  
Yes ☐ No ☐
7. I agree to take part in the above study. ☐

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Name of Person taking consent

Date

Signature

Please document details of the consent method if not conducted face to face and provide details of linked files according to local policy

3 copies:

1 for participant, 1 for location file (original) and 1 for Norwich CTU Trial Office