

CONSENT FORM

Rehabilitation For Individuals With Chronic Limb Threatening Ischemia Post Revascularisation: A
Co-created Feasibility Trial (HOPE)

Research team:

Chief investigators - Dr Stefan Birkett, Manchester Metropolitan University.

Researchers – Prof. Athanasios Saratzis, University of Leicester, Mr Adam Haque, Manchester University
NHS Foundation Trust, Dr Amy Harwood, Manchester Metropolitan University, Dr Yvonne Kiera Bartlett,
University of Manchester, Dr Hope Rose Edwards, Manchester Metropolitan University.

Student PhD researcher - Mrs Joanne Duff, Manchester Metropolitan University.

IRAS ID: 335894

Study Number: B02599

Participant Identification Number for this trial:M/.....P

Please **initial** box

1. I confirm that I have read the Patient Information Sheet named 'HOPE Rehabilitation Programme' datedversion..... for the above study. I have had the opportunity to consider the information, ask questions and have had them answered satisfactorily. ☐
2. 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. ☐
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Manchester Metropolitan University, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
4. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. ☐
5. I agree to my General Practitioner being informed of my participation in the study. ☐

6. I understand that the information held and maintained by Manchester University NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust may be used to help contact me or provide information about my health status.

☐

7. I agree to be invited to take part in an OPTIONAL interview at the end of rehabilitation programme or if I decide to withdraw early from the HOPE Rehabilitation Programme. I understand that this interview will be recorded and that where quotations are used in any publication, they will be anonymised.

☐

8. I agree to take part in the above study.

☐

Optional Questions

Yes No

I would like to receive a summary of the final study results.

☐
☐

I agree to be contacted regarding future research opportunities from Manchester University NHS Foundation Trust

☐
☐

My preferred contact *(please tick and include email if preferred)*

Do not contact ☐ Phone/SMS ☐ Post ☐ Email ☐ _____

Name of participant

Date

Signature

Name of person taking
consent

Date

Signature

When Completed 1x original – into site file; 1x copy – to participant; 1x copy – into medical records