**** **FULL CONSENT FORM FOR PARTICIPANT**

 **(Final version 1.0: 03/11/2021)**

### Title of Study: TICH-3

**IRAS Project ID:** 297457 **CTA ref :** 03057/0074/001-0001

**Name of Researcher**:

**Name of Participant:**

**Please initial box**

1. I confirm that I have read and understand the information sheet final version 1.0 dated 03/11/2021 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, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.

3. I understand that relevant sections of my medical notes and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.

4. Consent for data use in possible future research (Optional) (delete yes/no and initial in box).

 I agree that the information gathered about me can be stored by the University of YES/NO Nottingham, for possible use in future studies. I understand that some of these studies
may be carried out by researchers other than the current team who ran the first study,
including researchers working for commercial companies. Any data used will be
anonymised, and I will not be identified in anyway.

5. I understand that the information held and maintained by NHS Digital, (EDRIS in Scotland) and other central UK NHS bodies may be used to help contact me or provide information about my health status.

6. I agree to my GP being informed of my participation in this study and who will be
asked to provide information on my status for the 180 Day follow up.

7. If I lose the capacity to make decisions for myself during the course of the study,

I’d be happy to continue in the study unless my legal representative (friend or relative)
raises an objection to this.

YES / NO

8. I agree to you sending me a letter/email with a summary of the results
(delete yes/no and initial in box).

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

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# Name of Participant Date Signature

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Name of Person taking consent Date Signature

3 copies: 1 for participant, 1 for the project notes and 1 for the medical notes