RePROM Renal Electronic Patient Reported Outcome Measures

UNIVERSITY OF BIRMINGHAM

<insert local letterhead>

Informed Consent Form

Short Study Title: ***User Testing for the RePROM Study***

Participant ID: **R-**☐☐☐☐

Principal Investigator: _____

Please initial inside each box

1	I confirm I have read and understood the information sheet, dated _ _ / _ _ / _ _ _ _ version number __.__ for user testing for the **RePROM** study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.	☐
2	I understand that my participation is voluntary and that I am free to withdraw up to **5 working days** following the testing session/interview, without giving any reason, and 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 the **RePROM** research team, representatives of the sponsor, from regulatory authorities, or from the NHS Trust, where this is relevant to my taking part in this research. I give permission for these individuals to have direct access to my records.	☐
5	A copy of this consent form, which identifies me by name, will be transferred from University Hospitals Birmingham NHS Trust to the University of Birmingham, where it will be securely stored and used for study monitoring. I agree to the transfer, storage and use of this data.	☐
6	I am willing to take part in the interview at the end of the testing session. I understand that this interview will be audio-recorded and that the recording will be shared with researchers working on the RePROM study at University Hospitals Birmingham NHS Trust and the University of Birmingham. I understand that anonymised quotes from the interview may be included in arising research reports/publications.	☐
7	I agree to take part in user testing for the **RePROM** study.	☐

Name of Participant	*Date*	*Signature*
Name of Person taking Consent	*Date*	*Signature*

When completed: give 1 copy to the participant, file 1 copy in the Investigator Site File, and file the original in the medical notes.