Trial Number: ☐☐☐☐ Confidential upon completion <<Insert Trust logo>>

ADEPP TRIAL CONSENT FORM

Antidepressant for the prevention of DEPression following first episode Psychosis trial

Please initial each box to indicate your consent

	Chief Investigator: Rachel Upthegrove	
1.	I confirm that I have read and understand the ADEPP study Patient Information sheet (version___, dated_____) for the ADEPP study. I have had the opportunity to consider the information, ask questions, and have had these answered to my satisfaction.	☐
2.	I understand that my participation is voluntary and that, if I take part in the ADEPP study, I may withdraw at any time, without giving any reason, and without the standard of my medical care or my legal rights being affected. I understand that data collected up to my time of withdrawal may be used.	☐
3.	I understand that relevant sections of my medical notes, information related directly to my participation in this trial, and data collected during the trial may be looked at by individuals from the University of Birmingham Clinical Trials Unit (BCTU) research team, representatives of the sponsor, regulatory authorities, and the NHS Trust/Health Board 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 a copy of this consent form and my data collected during the trial will be transferred to the central organisers at BCTU. I understand that all information collected will be used for medical research only and that I will not be identified in any way in the analysis and reporting of the results. The personal information will include name, gender, date of birth, contact details and NHS number as well as medical information. It will be held securely and confidentially at BCTU. I give permission for the transfer and storage of this data.	☐
5.	I understand that my data collected during the trial may be shared with academic collaborative third parties who will help with the analysis of this study. Before sharing, my personal identifiers (e.g. name, date of birth, contact details, etc.) will be removed and replaced with a trial number.	☐
6.	I understand that my name and contact details will be used by the ADEPP research team to contact me regarding the study.	☐
7.	I agree to the transfer of my samples to be stored and analysed in research laboratories at University of Birmingham and University of Cardiff.	☐
8.	I voluntarily agree to take part in the ADEPP study.	☐
9.	I give permission to my GP being informed about my participation in the ADEPP Trial and about any pregnancies throughout the trial	☐
10.	Optional: I understand that the information held and maintained by NHS Digital and other central UK NHS bodies will be used to provide information about my health status and summary of hospital admissions. To do this, I agree that my name, gender, date of birth and NHS number may be shared with these central bodies. These central bodies will link my details to their data and send this information back to the ADEPP study team.	☐
11.	Optional: I agree to donate samples of my blood for future ethically approved studies. These may include genetic studies. I understand the blood samples will be transferred to the University of Birmingham for storage. The investigations will be for medical research only and my results will be kept confidential.	☐

Name of participant	Signature	Date (DD/MMM/YYYY)
Name of person taking consent	**Signature**	**Date (DD/MMM/YYYY)**

Once signed, original to be kept in site file, 1 copy to participant, 1 copy in patient notes and 1 copy to BCTU

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