Trial Number: ☐☐☐☐
(If randomised)

Confidential upon completion

<<Insert Trust logo>>

ADEPP SCREENING 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 Screening 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 taking part in screening for this study is voluntary and that if I take part, I may withdraw at any time, without giving any reason, and without the standard of my medical care or 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 and data collected in screening may be looked at by individuals from the University of Birmingham Clinical Trials Unit research team, representatives of the sponsor, from regulatory authorities, and from the NHS Trust/Health Board where it is relevant to my taking part in this research, to establish if I fulfil the criteria to participate in the main ADEPP study and to check that this screening process is being carried out correctly. I give permission for these individuals to have access to my records.	☐
4.	I agree to carry out the interviews and tests as described in the Screening Patient Information Sheet to help establish if I fulfil the criteria to participate in the main ADEPP study. I understand if I change my mind or do not wish to take part in the main study I can choose not to proceed and will not enter the main study. This will not affect the quality of my care.	☐
5.	I understand a copy of this consent form and my data collected during screening will be transferred to the central organisers at the University of Birmingham Clinical Trials Unit. 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 and medication information and will be held securely and confidentially at the University of Birmingham. I give permission for the transfer and storage of this data.	☐
6.	I voluntarily agree to take part in screening for the ADEPP study.	☐

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

This study is funded by the National Institute for Health Research (NIHR) Heath Technology Assessment programme (project reference 18/68). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.