**Patient Consent Form**

 **The TOPIC 2 Study Audio-recording discussions and interviews**

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| ***This form should be completed by the participant.*** | *Please* ***initial each box****:* |
| 1. | I confirm that I have read and understand the Patient Information Sheet– audio-recoding and interviews (dated \_\_\_\_/\_\_\_\_/\_\_\_\_, version \_\_\_\_) and have had the opportunity to ask questions. These questions have been answered clearly and satisfactorily. |  |  |
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| 2. | I understand that taking part is voluntary; I am free to withdraw my consent at any time without giving a reason and that withdrawing consent will not affect my medical care or legal rights. |  |  |
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| 3. | I agree to data from my audio-recorded consultations and/or interview being transferred to and retained by the University of Bristol and their authorised representatives for transcription, where anonymised quotations and clips of recordings can be used for training, teaching, research, and publication purposes, now and in the future.4. I agree to transcripts of my data being made “Controlled Access” when the study ends. I understand that this means the anonymised data will be available to other researchers who secure the necessary approvals. I understand that this means that data may be used for purposes not related to this study, but it will not be possible to identify me from these data.5. I understand that I am free to withdraw from the audio-recorded consultations and/or interview(s) at any time without giving a reason, and that withdrawing will not affect my legal rights. I agree to any information collected before my withdrawal being retained and used for this research. |  |  |
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| ***You can choose whether or not to take part in the following parts of the study. Please note to take part you must tick at least one of the grey boxes.*** | ***Please tick*** |
|  |  | ***Yes***  |  or | ***No*** |
| 6. | I agree for my appointments about the TOPIC 2 study to be audio-recorded. |  |  |  |
|  |  |  |  |  |
| 7. | I agree to take part in an interview with the TOPIC 2 researcher about how information was presented to me. (Note - not all patients who tick Yes will be interviewed.) |  |  |  |
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Name of participant Signature Date

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Name of person taking consent Signature Date

1 copy for participant; 1 for research team (original); 1 to be kept with hospital notes