

UNiTY Participant Consent Form Qualitative Study (Patients)

Qualitative study ID <i>For qualitative research staff use only</i>	<input type="text" value="U"/> <input type="text" value="T"/> <input type="text" value="Q"/> <input type="text" value="C"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Partner providing:	<input type="radio"/> Eggs	<input type="radio"/> Sperm
How was consent received?		<input type="radio"/> Online	<input type="radio"/> On paper	<input type="radio"/> Verbal

If "How was consent received?" is answered **Online** show the rest of the form.

Please tick each box to provide your consent to participate in each part of the study.

1. I confirm that I have read and understand the qualitative participant information sheet (version xx and date ddmmyyyy) for the UNiTY trial. I confirm that I have had the opportunity to take time to consider my involvement in this qualitative study and I have had the chance to ask questions, all of which have been answered to my satisfaction.	<input type="checkbox"/>
2. I understand that my participation in an interview is voluntary , and I am free to withdraw at any time, without giving a reason and without my treatment or legal rights being affected.	<input type="checkbox"/>
3. I understand that if I withdraw more than two weeks after my interview information already collected about me may be included in the final study after being anonymised.	<input type="checkbox"/>
4. I understand that the information collected about me 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.	<input type="checkbox"/>
5. I agree to the interview being audio-recorded and understand that the recordings will be kept securely by the University of Birmingham, and that everything I say will be kept confidential in accordance with the General Data Protection Regulations 2018.	<input type="checkbox"/>
6. Data collected that identifies me by name (e.g. my consent form) will be transferred from where it is collected, and stored securely by the University of Birmingham Clinical Trials Unit. I agree to the transfer and storage of these data.	<input type="checkbox"/>
7. I understand that the transcription of the audio recording may be done by a specialist UK based transcription company. This company will sign a data sharing agreement and my data will be handled in accordance with the General Data Protection Regulations 2018.	<input type="checkbox"/>
8. I agree that quotes from the interview can be used anonymously in any publication or presentation of the research findings.	<input type="checkbox"/>
9. I give permission for authorised individuals (e.g. from the University of Birmingham, transcription services, regulatory authorities or from the NHS) to have access to data collected during this research.	<input type="checkbox"/>
10. Optional: I give permission for my anonymised data to be used in future studies or for secondary analysis. <i>Please tick Yes or No</i>	<input type="radio"/> Yes <input type="radio"/> No
11. I understand the information that I have been given about the UNiTY interview and I agree to take part.	<input type="checkbox"/>

Name of participant: <input type="text"/>	
Signature of participant: <input type="text"/>	Date: <input type="text" value="D D - M M M - Y Y Y Y"/>
Name of person taking consent: <input type="text"/>	
Signature of person taking consent: <input type="text"/>	Date: <input type="text" value="D D - M M M - Y Y Y Y"/>
Was an interpreter used? <input type="radio"/> Yes <input type="radio"/> No	

If "was an interpreter used?" answered **Yes**, show "Interpreter details" section

Interpreter details (if applicable)

For the interpreter (if required): I confirm that I have interpreted the study information to the best of my ability and ensured the patient fully understands everything that has been given to them to read/verbally explained to them

First name of interpreter <input type="text"/>	Last name of interpreter <input type="text"/>
Signature of interpreter: <input type="text"/>	Date: <input type="text" value="D D - M M M - Y Y Y Y"/>

Email of interpreter: _____

Master copy for Site File, 1 copy for Participants, 1 copy for UNiTY QPE Office