

Patient Consent Form

One copy should be given to the participant, one copy placed in their medical notes and one copy retained by the research team. If an electronic consent form is completed this must be in addition to the paper-based consent form.

<p>Patient Details</p> <p>Surname _____</p> <p>Forename _____</p> <p>Date of Birth _____</p> <p>Phone number (for contact when discharged from hospital) _____</p> <p>Email address (for questionnaires at 6 months and 12 months after surgery) _____</p> <p>Would you prefer to be contacted by telephone or email to complete follow up questionnaires in 6/12 months' time? Phone <input type="checkbox"/> Email <input type="checkbox"/> Don't mind <input type="checkbox"/></p> <p>Would you like to receive updates on PQIP from the study team, approximately once a year, by email:</p> <p style="text-align: center;">Yes, please <input type="checkbox"/> No thanks <input type="checkbox"/></p> <p>1. I confirm that I have read the participant information sheet dated 05.08.2020 (version 1.3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. <input type="checkbox"/></p> <p>2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. If I choose to withdraw, I understand that no further information will be collected about me, but anonymous information provided may still be used for research. <input type="checkbox"/></p> <p>3. I understand that relevant sections of my medical notes, including electronic records, and data collected during the study, may be looked at by individuals from the Royal College of Anaesthetists, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. <input type="checkbox"/></p> <p>4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. <input type="checkbox"/></p> <p>5. I understand that personal details will be shared with NHS Digital (England), NHS Wales Informatic Service (Patient Episode Database for Wales, Wales) or NHS National Services Scotland (Scotland) to obtain information held by them and the Office for National Statistics in order to provide details about my health status and hospital admissions that are not otherwise collected by the PQIP study (see patient information sheet for more details). <input type="checkbox"/></p> <p>6. I agree to take part in the above study. <input type="checkbox"/></p> <p>NAME: _____ SIGNATURE: _____ DATE: _____</p>	<p>To be completed by the hospital</p> <p>Hospital _____</p> <p>NHS number _____</p>
<p>To be completed by the hospital (person accepting patient consent) Tick if consent is taken remotely <input type="checkbox"/></p> <p>Name _____ Signature _____</p> <p>Position _____ Date _____</p>	

*To be initialed by the person taking consent if being done remotely.