**INFORMED CONSENT FORM**

Trial title: AIR-NET

Testing anti-inflammatories for the treatment of bronchiectasis

Chief Investigator: Professor James Chalmers

Sponsors: University of Dundee and NHS Tayside

 Please initial box

1. I confirm that I have read the Participant Information Sheet version.................... dated…………….. for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that taking part in this trial is voluntary, and that I am free to withdraw at any time without supplying a reason. This will not affect my medical care or legal rights.
3. I agree that confidential information about me may be shared outside my clinical care team (or the research team) as needed to carry out this trial.
4. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from University of Dundee, 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.
5. I agree to the research team following up with me or my partner, should I/she become pregant during the trial, until the birth of my/her baby.
6. I agree that data collected as part of this trial can be used to support ethically approved future research, possibly including research with commercial organisations. Any information which identifies me will be removed before it is shared.
7. I agree that my General Practitioner will be informed that I am taking part in the trial, including any necessary exchange of information about me between my GP and the research team.
8. I agree that any leftover blood and sputum samples will be taken and stored and used to support ethically approved future research, possibly including research with commercial organisations. Some of these samples may be used for genetic research. Any information which identifies me will be removed before it is shared. Yes/No (please delete)
9. I agree to be contacted by the Researcher and/or research team in the future should I be suitable for further projects and/or trials (Optional).

YES / NO (please delete)

1. I voluntarily agree to take part in the above trial.

**Tayside participants only**

1. I voluntarily agree to take part in the sub-study (Optional)

YES / NO (please delete)

1. I confirm that I have read the Participant Information Sheet – Tayside Sub-study version.................... dated…………….. for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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| Name of Participant (capitals) | Date | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Person taking consent (capitals) | Date | Signature |