

RAINDrop Consent form: Fife

Centre: NHS Fife

Local R&D Number: 18-036 233417

Participant ID:

Title of Study: RAINDrop

IRAS reference: 233417

Chief Investigator: Professor Phyo Myint

Principal Investigator: Dr Vera Cvoro

Please initial

1. I confirm that I have read and understand the information sheet Version No: _____
Date: _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
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. Data collected up until the point of withdrawal may still be used in analysis.
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Aberdeen, from regulatory authorities if appropriate, or from the NHS Board/Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I agree to my GP being informed of my participation in the study.
5. I agree to the storage and use of my data for ethically reviewed and approved future studies.
6. I agree to the use of, answers that I have provided in study questionnaires as, anonymised direct quotations in publications.
7. I agree to the collection, storage and use of routinely collected NHS data that relates to my prescriptions, hospital and GP visits, and social use.
8. I agree that I may be contacted by the study team for future ethically approved studies. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the data protection act.
9. I agree for my information to be stored on NHS Fife, University of Aberdeen and University of Dundee servers.
10. I agree to take part in the above study.

Name of participant

Date

Signature

Name of researcher

Date

Signature

One copy for participant, one copy for researcher, one copy with hospital notes (if applicable)