

CONSENT - **WELTOP** Study

RESEARCH COPY



If you have any further questions please do not hesitate to contact the research team on: 0800 3892129 (freephone from landline) OR [INSERT DEDICATED STUDY MOBILE NUMBER] (dedicated mobile for the study) OR weltop@sphsu.mrc.ac.uk (Email) OR via the confidential contact form on the study website www.weltop.sphsu.mrc.ac.uk .

Please read the statements below, **INITIAL EACH BOX** and **SIGN BELOW** if you agree.

- 1 I confirm that I have read and understood the Study Information Leaflet. I have had the opportunity to think about the information and ask questions. ☐
- 2 I understand that it is my choice to take part in the study and that I can withdraw at any time without giving any reason and that this will not affect my medical care in any way. ☐
- 3 I agree to take part in an interview. ☐
- 4 I confirm that I understand that I do NOT need to answer any question if I do not wish to and that any information I provide will be treated in strict confidence by the research team. ☐
- 5 I understand that the interview will be audio-recorded. ☐
- 6 I understand that any information I provide will be stored securely and destroyed in line with MRC policy, which is currently 10 years after the study ends. ☐
- 7 I understand and agree that if I suffer a loss of capacity during this study, the research team will retain and continue to use the data they have already collected from me. ☐
- 8 I agree that what I say can be used for research purposes (including reports, publications and presentations) and understand that my name will not be used at any time. ☐
- 9 I understand and agree that the information from my interview may be made available to other bona fide researchers in the future for further research, but that this would be overseen by the MRC and be in accordance with their strict rules of confidentiality. ☐

Participant (print name)

/ /

Participant (signature)

Date

SEAL COMPLETED CONSENT IN A REPLY ENVELOPE **IN FRONT OF PARTICIPANT**
(IN A SEPARATE ENVELOPE FROM THE CONTACT FORM)

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Participant (print name)

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Participant (signature)

Date

PLEASE KEEP THIS CONSENT FORM FOR YOUR OWN RECORDS