

## PARTICIPANT CONSENT FORM

### Dupuytren's Interventions Surgery vs. Collagenase (DISC) Photography sub-study

**Chief Investigator: Professor Joseph Dias**

If you wish to take part in the DISC photography sub-study, **please place your initials in each of the boxes below, sign and date this form.**

**All the information on this form will be kept confidential and will not be released to anyone outside the research team**

Participant study number \_ \_ \_ \_ \_

Initials \_\_\_\_\_

*Please **initial** each box to indicate your response*

1. I confirm that I have read and understand the information sheet version [XX] dated [XX] for the above study and have had the opportunity to ask any questions about the study and any questions have been answered to my satisfaction	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
3. I agree to York Trials Unit holding copies of my consent form.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
4. I agree to take photographs of my hand at the study follow-up time points, as requested.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
5. I agree to York Trials Unit and The University Hospitals of Leicester NHS Trust storing images securely.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
6. I understand that anonymised images may be used in publications and presentations.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
7. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by responsible individuals from the study team including the Sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in the research. I give permission for these individuals to access my records.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>

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[Insert Trust/site logo]

<p>8. I understand that after this study has finished, the data collected from me will be securely stored in accordance with requirements of the law, after which arrangements for confidential destruction will take place. Information that could identify me will be kept strictly confidential and no personal information will be included in the study report or other publication.</p>	<p><b>Yes</b></p> <p><i>Initials</i></p>	<p><b>No</b></p> <p><i>Initials</i></p>
<p>9. I understand that the information collected about me will be used to support research in the future, and may be shared anonymously with other researchers.</p>	<p><b>Yes</b></p> <p><i>Initials</i></p>	<p><b>No</b></p> <p><i>Initials</i></p>
<p><b>10. I agree to take part in the above study.</b></p>	<p><b>Yes</b></p> <p><i>Initials</i></p>	<p><b>No</b></p> <p><i>Initials</i></p>

*d d / m m / y y y y*

<input type="text" value="Print name"/>	/	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Signature"/>
Name of participant ( <i>please print</i> )		Date								Signature of participant

*d d / m m / y y y y*

<input type="text" value="Print name"/>	/	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Signature"/>
Name of person taking consent ( <i>please print</i> )		Date								Signature of person taking consent

**[Original to be kept in the Site File; one copy given to patient; one copy to be filed in patient's notes, 1 copy for TMF (held by York Trials Unit)]**