

PARTICIPANT CONSENT FORM

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

Chief Investigator: Professor Joseph Dias

If you wish to take part in the DISC qualitative 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.	Yes <input type="text" value="Initials"/>	No <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.	Yes <input type="text" value="Initials"/>	No <input type="text" value="Initials"/>
3. I agree to York Trials Unit and University of Nottingham holding copies of my consent form.	Yes <input type="text" value="Initials"/>	No <input type="text" value="Initials"/>
4. I confirm that I am willing to allow the interview to be audio recorded and transcribed.	Yes <input type="text" value="Initials"/>	No <input type="text" value="Initials"/>
5. I understand that anonymised written quotations from the interview may be used in publications and presentations.	Yes <input type="text" value="Initials"/>	No <input type="text" value="Initials"/>
6. 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 then NHS Trust, where it is relevant to my taking part in the research. I give permission for these individuals to access my records.	Yes <input type="text" value="Initials"/>	No <input type="text" value="Initials"/>

This project was funded by the National Institute for Health Research Health Technology Assessment Programme (project number 15/102/04).

[Insert Trust/site logo]

<p>7. I agree to data collected as part of this research study being kept at the University of Nottingham, University Hospitals of Leicester NHS Trust and York Trials Unit. 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>Yes</p> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Initials</div>	<p>No</p> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Initials</div>
<p>8. I agree to take part in the above study.</p>	<p>Yes</p> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Initials</div>	<p>No</p> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Initials</div>

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		/			/	2	0					
Name of participant (<i>please print</i>)	Date	Signature of participant										

Print name	<p><i>d d / m m / y y y y</i></p> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/	2	0			Signature
		/			/	2	0					
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)]

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