

## PARTICIPANT CONSENT FORM

### Dupuytren's Interventions Surgery vs. Collagenase (DISC) Main study

**Chief Investigator: Professor Joseph Dias**

If you wish to take part in the DISC trial, **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 1.1 dated 20.07.2018 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, other study related documents and my contact details to allow them to facilitate completion of study questionnaires.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
4. I agree to my GP being informed of my participation in the study and being advised of any significant information relating to my health that comes to light during my participation.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
5. 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"/>
6. I agree to have photographs taken of my hands during assessment, treatment and follow up for the DISC study. I understand the photographs will be transferred anonymously and stored at York Trials Unit and The	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <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]

University Hospitals of Leicester NHS Trust.		
7. 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.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
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.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
9. I agree for my identifiable data to be electronically transferred securely between study site and York Trials Unit.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
10. I agree to take part in the above study.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
In addition to the above statements please initial the following box if you agree with the following statements. Your participation in this research study will not be affected if you do not agree with these statements.		
11. Should there be problems contacting me, I agree to my GP being asked whether it is appropriate to contact me, and providing my contact details.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>
12. I am happy to receive information about other related future studies.	<b>Yes</b> <input type="text" value="Initials"/>	<b>No</b> <input type="text" value="Initials"/>

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Name of participant (please print)

 /  / 2 0  

Date

Signature of participant

Name of person taking consent (please print)

d d / m m / y y y y

 /  / 2 0  

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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