

Lite Therapy Effectiveness For ORal Mucositis Trial The LiTEFORM Study

STAFF Qualitative Study CONSENT FORM
Version 1.1

Identification Number	□□ - S□□□
Name of Chief Investigator	Mr Michael Nugent
Name of Lead Researcher, Qualitative Study	Dr Nikki Rousseau
Name of Local Principal Investigator

<u>Participant statement and signature</u>	Please initial boxes below if you agree
1. I have received and read a copy of the LiTEFORM Qualitative Study Staff Information Sheet version _____ dated _____. I fully understand what is involved in taking part and have had an opportunity to ask questions, and all of my questions have been answered.	
2. I understand that my participation is entirely voluntary and that I am free to withdraw from any or all parts of the LiTEFORM qualitative study at any time without giving a reason. I understand that if I withdraw I will be asked if the LiTEFORM team can keep recordings and observations made up until that point. If I refuse then the data will be deleted.	
3. I agree to audio-record future consultations I have with patients eligible for LiTEFORM if the patient gives consent.	
4. I am willing to be contacted about taking part in an interview about LiTEFORM and Laser Therapy.	
5. I agree to data from my audio-recorded appointments/interviews being transferred to and retained by Newcastle University for research purposes, now and in the future. I understand that this may include anonymised quotations.	
6. I am willing for a researcher to observe and make notes of comments I make during Site initiation visits, training for LiTEFORM and other LiTEFORM meetings.	
7. I understand that data collected for this study will be stored securely. I understand that no information that allows me to be identified will be made public. I understand that anonymised transcripts (but not recordings or observation notes) may be used to support other research in the future.	
8. I give my permission for the LiTEFORM study team to hold information about me including my identity which will be used exclusively for the purposes of my participation in the LiTEFORM Qualitative Study.	

STOP AND CHECK Please make sure you have initialled the boxes if you agree.

Name of participant	Signature	Date
Name of person taking consent	Signature	Date