

Lite Therapy Effectiveness For ORal Mucositis Trial
The LiTEFORM Study

FRIEND/RELATIVE/SUPPORT
AUDIO-RECORD CONSENT FORM version 1.0

Principal Investigator Name: _____

This consent form is for **all persons supporting** the patient who are present at the LiTEFORM consent discussion and gave verbal permission for audio-recording at the start of the discussion.

Please INITIAL your chosen box:

YES: I do give my permission for the study team to keep the recording of my voice from this study discussion. I understand that anything that is written out from this will not include my name or identify me.	
NO: I do not give my permission for the study team to keep the voice recording of this study discussion. I understand it will be destroyed and not be used for this study.	
I agree for a copy of my consent form to be sent securely to the Newcastle University Clinical Trials Unit for checking.	

STOP AND CHECK

Please make sure you have initialled the boxes if you agree.

Name of family/friend/support **Signature** **Date**

Name of person taking consent **Signature** **Date**

Details of patient who has been invited to participate in the LiTEFORM study:

Name of Patient: _____

Site ID number:

Patient ID Number:

Participant (friends and family) ID Number:

When completed - 1 copy for family/friend/support, 1 original copy for Investigator Site File and 1 copy for patient hospital records.