

Patient Name: _____

Patient ID:

CONSULTEE APPROACH: COMPLETE FOR ALL PATIENTS

Was the consultee approached in hospital? Yes No

If NO, please provide reason _____

If YES, date of approach / / / / / / /

If the consultee **was** approached in hospital, were they given a PIL? Yes No

If NO, please provide reason _____

If the consultee **was not** approached in hospital, was study information (including PIL) sent in the post? Yes No

If NO, please provide reason _____

If YES:

Date information sent / / / / / / /

Did the consultee respond? Yes No

If either of the shaded boxes are selected, please complete the following consent section. If not, please move on to form I₂.

CONSULTEE CONSENT: COMPLETE IF PIL GIVEN / PIL SENT AND CONSULTEE RESPONDED

Which consent option did the consultee select? Option A

Option B

Option C

Consent form not signed

Date of consent / / / / / / /

Please upload consent form to the database

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed (dd/mm/yyyy): ____/____/____

* Names must appear on the site signature & delegation log