



## INTERVIEWEE CONSENT FORM

**Study Number:** HS&DR 15/71/06

**Title of Project:** Publication and related bias in health services and delivery research

**Name of Researcher(s):** Dr Iestyn Williams

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated 11 April 2017 (Version 2.2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time.
3. I agree to take part in the above study.

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Name of Participant

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Date

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Signature

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Name of Person

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Date

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Signature

taking consent