

You have been invited to take part in a research study which aims to find ways of improving cervical screening uptake amongst women receiving their first invitation from the NHS Cervical Screening Programme. This information sheet will describe what will be required of you if you agree to participate.

Why have I been invited?

You have been invited to take part because you are due to attend for your first cervical screening test. It is your choice whether you wish to contact the trained nurse.

What is the purpose of a trained nurse?

The trained nurse has been trained to answer any questions about cervical screening and discuss what options are available to you. We are offering you flexible ways of asking any personal or practical questions to obtain factual information.

What will I have to do?

If you would like to discuss cervical screening with the trained nurse please use the contact details overleaf. After you contact the trained nurse we will send you a consent form to complete and a postage paid return envelope.

What will happen to me if I take part?

We would like your permission to check the national screening database to see whether you attend for cervical screening after having a discussion with the trained nurse. In order to do this, we would also ask that we could store your personal details (name, date of birth and address) on a secure trial database. You are free to withdraw your consent at any time and your further medical care will not be affected.

What are the alternatives?

If you do not wish to contact the trained nurse, we recommend that you attend for your cervical screening test at either your GP or sexual health clinic.

What will happen to the results of this study?

The results of the study will be used to measure the effectiveness of offering women our research interventions on the uptake of cervical screening.

Who is organising and funding this research?

The study is being organised by the University of Manchester who have received funding from the NHS National Institute for Health Research Health Technology Assessment Programme (www.hta.ac.uk).

Who has reviewed the study?

All research in the NHS is reviewed by an independent group, called a Research Ethics Committee to protect your interests. The study has been reviewed and given a favourable opinion by the Greater Manchester North Research Ethics Committee.

Where can I find further information?

If you have any additional questions please contact our trained nurse with the contact details overleaf. For more information on cervical screening please contact your GP or visit www.cancerscreening.nhs.uk/cervical

CONSENT FORM

**Strategies to Increase Cervical Screening Uptake at First Invitation
(STRATEGIC)**Chief Investigator: Professor Henry Kitchener
ISRCTN Number: 52303479

STUDY ID NUMBER

S010000

Please write your *initials* on the dotted lines ↘

1. I confirm that I have read and understood the trained nurse patient information sheet dated 07/02/13 (version 4) 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 without giving any reason, without my medical care or legal rights being affected. -----
3. I understand that my details will be stored on the trial database to allow the researchers to check the national cervical screening database to see if I attend for cytology screening as a result of speaking to the trained nurse. -----
4. I understand that relevant sections of my cervical screening history and data collected during the study may be looked at by individuals from the University of Manchester, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my cervical screening records. -----
5. I agree to take part in the above study. -----
6. I agree to the trained nurse contacting me in the future (please provide your contact details below). -----

Name _____ Date of Birth _____

Phone Number _____ Mobile number _____

Email Address _____

GP name _____ GP address _____

Signature _____ Date _____