



Admin Code:

<Patient name>	< Admin code>
<Address1>	<NHS number>
<Address2>	
<Address3>	
<Postcode>	
<Date of birth>	<GP code> <GP practice code>

## PARTICIPANT CONSENT FORM

If you wish to take part in the **CASPER** study, **please place your initials in each of the boxes below, sign and date this form, and complete the questions overleaf. Please return these forms in the pre-paid envelope provided.** If you (or a relative or friend) would like to ask more questions about this study before deciding whether to take part, please do not hesitate to contact [local researcher], the local study co-ordinator on [telephone number].

**All the information on this form will be kept confidential and won't be released to anyone outside the research team**

**Please initial each box**

1. I confirm that I have read and understand the information sheet version 2.10 dated 4<sup>th</sup> April 2014 for the above study and have had the opportunity to ask questions by phoning the contact number provided. **I agree to take part in the CASPER study.**
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.
3. I understand that sections of my health care records may be looked at by researchers from the University of York, and that information held by the NHS Information Centre and the NHS Central Register may be used to keep in touch with me and follow up my health status for the duration of the study.
4. I understand that information, including my date of birth and postcode, to be shared with the NHS Information Centre, specifically for service auditing purposes. I give permission for these individuals to have access to my records.
5. I agree to my GP being informed of my participation in the study and of any health concerns the CASPER study team may become aware of during my participation.

INITIALS

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\_\_\_\_\_  
Name of patient

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your telephone number

\_\_\_\_\_  
Your mobile number

\_\_\_\_\_  
Your email address

### Other research studies

Researchers from the **CASPER** team would like to contact men and women who agree to take part in the main **CASPER** study to see if they would be interested in helping with other related studies – these are entirely optional. Please indicate if you would like to be sent information about related studies.

- Yes, please send me information about related studies**     **No, thank you**