| ID | |
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ONLINE CONSENT FORM

ACTIB (assessing Cognitive behavioural therapy in Irritable Bowel): A randomized controlled trial of clinical and cost-effectiveness of therapist delivered cognitive behavioural therapy and web-based self-management in irritable bowel syndrome

| Chief Investigator: Dr Hazel Everitt | |
|---|---|
| Research team email address: | |
| Research team telephone number: | |
| Patient ID: | |
| Plea | ase tick the box(es) if you agree with the statement(s): |
| 1.) I have read and understood the info | rmation sheet (dated |
| version no) and have had the o yes o no | pportunity to ask questions about the study |
| 2.) I agree to take part in this research properties for the purpose of this study. yes o no | project and agree for my data to be used |
| 3.) I understand that I may be contacted about my experiences of being involved yes o no | d at a later date to take part in an interview I in the study. |
| 4.) I understand that my GP notes will bon GP consultations for IBS.yes ono | e accessed at the end of the study to gather data |

| 5.) I confirm that I am aware that if I am randomised to the therapist or low intensity CBT trial arm that the telephone sessions will be audio recorded. |
|---|
| ⊚ yes ⊚ no |
| 6.) I understand that the data I provide may be monitored by a regulatory authority such |
| as the University of Southampton or the NHS trust that is hosting the study. yes o no |
| 7.) I understand my participation is voluntary and I may withdraw |
| at any time without my legal rights being affected yes o no |
| 8.) I agree to my GP being told about my participation in the study.yes o no |
| 9.) I agree to being contacted in the future for any studies related to this one.yes ono |
| 10.) I agree to have a blood test and for that sample to be analysed at the Pathology yes no |
| Laboratory at Southampton General Hospital. |
| SignedDate |