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NHS Trust Header

Patient - CONSENT FORM**Title of Study: CHARMER WP3****Comprehensive Geriatrician led Medication Review****Chief Investigator:****Principal Investigator:** <insert name and site>**Name of Participant:** _____**Please initial box**

1. I confirm that I have read and understand the information sheet version number 1 dated 28/02/2022 for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If I do withdraw, I understand that any data collected may continue to be used. ☐
3. I agree that relevant sections of my medical records and data collected in the study may be looked at by authorised individuals from the research team, Sponsor, regulatory authorities, or from the NHS Trust where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
4. I agree that my research data may be used for future ethically approved research. I understand that my personal details will be kept confidential, and I will not be identifiable in any public output, or data shared outside the immediate research team. ☐
5. I agree to my GP or other health and social care professionals being informed of my participation in this study. ☐
6. I agree to my contact details and a copy of this consent form being held securely and confidentially by CHARMER coordinating centre/Norwich Clinical Trials Unit. ☐
7. I agree to be contacted about participating in follow-up research questionnaires which are part of this study. ☐
8. OPTIONAL: I agree to be contacted about participating in research interviews to provide feedback on this study ☐
9. OPTIONAL: I understand that my research interview will be recorded. For interviews held via Zoom or Skype this recording will include audio as well as visual recording of my participation in the interview. ☐

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10. I give permission for direct quotations to be used in the study report, research publications, conference proceedings and other academic outputs. I understand that quotes will be anonymised and I will not be identifiable in any way.

☐
11. I would like to receive information about the study results

☐
12. I agree to take part in the above study.

☐

_____ Name of Participant	_____ Date	_____ Signature
_____ Name of Person taking consent	_____ Date	_____ Signature

4 copies:
1 for participant, 1 for location file (original), 1 GP practice and 1 for Norwich CTU Trial Office