

COGNITION AND FLOW STUDY PARTICIPANT CONSENT FORM (PATIENT)

Patient Study ID Number: _____

Please initial

- I confirm that I have read and understand the Information Leaflet (Version 4, Dated 08/01/2019) for the above study, and have had the opportunity to ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, without my medical care or legal rights being affected.
- I understand that if I decide to withdraw prior to the completion of the study, the research team would like to keep all the health information and data that has been collected so far for the final analysis, and I am granting permission for this.
- If I lose the ability to make decisions for myself during the study I would like to be considered to remain in the study, if my relative, carer or friends felt it was appropriate for me to do so. Please circle yes or no.
- I understand that Lumosity© will monitor my use of the brain training program and provide information to the research team about frequency and duration of use. These data will be anonymised and no personal information will be shared.
- I understand that my GP will be informed about my participation in this study, and by signing this consent form I am granting permission for this.
- I understand that if there are any health concerns identified as a result of participation in this study, my GP will be informed to investigate this further and by signing this consent form I am granting permission for this.
- I understand that relevant sections of my medical notes and/or data collected during the study, may be looked at by responsible individuals from the study team, the sponsor, NHS Trust or from regulatory authorities, where it is relevant to taking part in this research. I give permission for these individuals to have access to my records.
- I understand that any information I provide during this study will remain confidential unless there are any serious concerns about my safety or the safety of others. I understand that the researcher will firstly speak to me before making any disclosures.
- OPTIONAL I agree to take part in a focus group with the other participants, or an interview.
- OPTIONAL I agree to the interviews / focus groups being audio-recorded.
- I understand that I can withdraw my interview/focus group data from the study at any time until it is anonymously transcribed.

13. OPTIONAL I give permission for things that I have said in the interview/focus group to be Quoted directly in published reports. I understand that anything which is included in the final results will be anonymised, and all personal details removed, so that I cannot be identified from any published reports.

14. I would like a lay summary of the results of the study sent to me by post or email (please circle) at the end of the study .

15. I agree to take part in the above study.

Participant Name: _____ Date: _____ Signature: _____

Researcher: _____ Date: _____ Signature: _____
(File: 1 for participant, 1 for researcher, 1 for hospital notes)