

Participant Study ID: _____

CONSENT FORM

Study title: The Role Of Virtual Dietetic Interventions In Patients With Coeliac Disease

Name of Researcher: [insert CI name]

Please initial box

1	I confirm that I have read the information sheet ([insert version & date]) 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 participation involves receiving pre-recorded educational advice in relation to the gluten-free diet for coeliac disease from a gastroenterology dietitian. If I am allocated to this group of participants; I understand that I will not receive the normal initial consultation with the dietician – just the follow up session.	
4	I understand that researchers from my direct care team may also use de-identified clinical data from my medical records to during this research.	
5	I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals 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 records to make sure the research has been managed correctly.	
6	I agree to take part in the above study	
7	OPTIONAL: I agree that data collected for this study can be used for future research and may be shared anonymously with external researchers based worldwide, as detailed in the information sheet.	

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.