Cardiothoracic Research Team,

Morriston Hospital, Swansea.

Principle Investigator: Tracy Jones

Study Title: A pilot study of a randomised controlled trial to evaluate the impact of thoracic **PR**ehabilitation with **I**nspiratory **M**uscle **TR**aining **O**r **S**tandard Pr**E**habilitation for surgical lung cancer patients. The **PRIMROSE** Trial

Informed Consent Form:

Name of researcher: If you agree, please initial all the below boxes:

I confirm that I have read the participant information sheet dated..... (version.....) for this study. I have had the opportunity to consider the information, 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 any reason, without my medical care or legal rights being affected	
I understand I can stop being part of the study at any time, without giving a reason, but information that we already have will be kept and used in the study. I understand no further information would be collected or any other research carried out	
I understand that as part of the trial, initials/ NHS number/ name/ contact details including email address, will be collected so researchers can contact me and follow up on the research. I understand that individuals will use this information to do the research or to check records to make sure that the research is being done properly	
I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Sponsor, Swansea Bay University Health Board where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records	
As part of the trial, we will collect direct, anonymised quotations from participants. For example, how you managed with the device. I give permission for these anonymised quotations to be disseminated and published as part of the results of the study	
I understand I will stop being part of the study if I lose capacity to provide ongoing consent and no further information will be collected. I give permission for collected information to be retained and used in the study	

*1copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes.

I agree to my General Practitioner being informed of my participation in the study	
I agree to take part in this study	

Name of participant: Date: Signature:

Name of person taking consent: Date: Signature:

*1copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes.