Royal Papworth Hospital

Royal Papworth Hospital NHS Foundation Trust

Cambridge Biomedical Campus Papworth Road Cambridge CB2 0AY

> Tel: 01223 638000 www.royalpapworth.nhs.uk

Patient Identification Number:

Centre Number: If applicable

Study Number: P0XXXX

CONSENT FORM

Version 4.0 dated 03/09/19

Study title: Measurement of mucus plugging with computer tomography before and following implementation of the AffloVest in adults with bronchiectasis – a feasibility study.

Study IRAS ID:257616

Local Investigator: Mrs Siobhan Singh

Please initial box

1. I confirm that I have read and understood the information sheet dated 03/09/19 (version 4.0) 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 relevant sections of my medical notes and data collected during the study may be looked at by individuals from the NHS Trust, where it is relevant to my taking part in this research. Whenever possible this information will be anonymised. I give permission for these individuals to have access to my records.

4. I understand that if I wish to keep the AffloVest at the end of the study, my name, phone number and address will be shared with International Biophysics Corporation

AffloVest study

Participant consent form, version 4.0

03/09/19

for purposes of warranty and servicing of the AffloVest. I give permission for this		
information to be shared to Internationa	I Biophysics Corporation (w	ho are based in
the US) for this purpose		
5. I agree to my GP being informed of n	ny participation in the study.	
6. I agree to take part in the above stud	у.	
7. I consent to be contacted if applicable for future related studies or data collection		
or for my data to be used for long term follow up studies and am aware I can		
withdraw this consent at any point.		
Name of Patient (PRINT)	Date	Signature

Name of person taking consent (PRINT) Date Signature

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