

Participant ID:

Centre ID (If applicable)

CONSENT FORM

Patients in Centre-based and Community-based PR Group

Feasibility of Pulmonary Rehabilitation Services and a Randomised Controlled Trial of Pulmonary Rehabilitation in Nigeria, South Africa, and Cameroon

Purpose of study: This study aims to find out whether an 8-week structured PR programme is efficacious for patients with COPD, or post-TB lung disease in Nigeria, Cameroon and South Africa

Please initial box

1. I confirm that I have read and understand the information sheet (DD MMM YYYY and Version Number) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care and/or legal rights being affected. ☐
3. I give permission for the research team to measure/access relevant medical records for the purposes of this research study ☐
4. I understand that data collected about me during the study will be converted to de-identified data. ☐
5. I understand that non-identifiable data generated during the study will be sent outside of my home country to the United Kingdom, where laws protecting my personal information may be different to my own country. ☐
6. ☐
7. I understand that if I have concerns about this research, I can contact the Principal Investigator. ☐
8. By signing this form, I give my free and informed consent to take part in this study as outlined in the Participant Information Sheet and Consent Form. ☐

Name of Participant:

Signature/ Thumb Impression*:

Date (DD/MM/YYYY):

Participant ID:

Centre ID (If applicable)

**Thumb impression to be used if participant is illiterate*

Name of Person Obtaining Consent:

Signature:

Date (DD/MM/YYYY):

Name of Witness:

Signed by impartial literate third party witness (*In case of illiterate Participant/ Legally Authorised Representative is illiterate*)

Signature:

Date:

Place of signature:

1x original – into Site File; 1x copy – to Participant; 1x copy – into medical record (if applicable)