

IRAS ID: 333898

Study Title: SOOTH-ED: Purrble's Soothing Touch for Eating Disorders and Autism

CONSENT FORM

Participant Identification Number:

Name of Researcher:

Please
initial box

- | | | |
|---|--|--------------------------|
| 1 | I confirm that I understand that by initialling each box I am consenting to this element of the study. I understand that it will be assumed that uninitialed boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study. | <input type="checkbox"/> |
| 2 | I confirm that I have read the Participant Information Sheet dated (version 2, 07/02/2024) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 3 | 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. | <input type="checkbox"/> |
| 4 | I consent to the processing of my personal information for the purposes explained to me in the Participant Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation. | <input type="checkbox"/> |
| 5 | I consent to receive the questionnaires and Purrble Toy (Device under investigation) and agree to complete questionnaires and interact with purrble as part of the study. | <input type="checkbox"/> |
| 6 | I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs. | <input type="checkbox"/> |
| 7 | I consent to the direct use of my anonymized quotes in research publications. | <input type="checkbox"/> |

8

I understand that relevant sections of my medical notes and data collected during

the study, may be looked at by individuals from King's College London, 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.

9

I agree to take part in the above study.

*

I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers (Please note that this is optional; you can still participate in the study even if you do not consent to this)

Name of Participant
Date
Signature

Name of Person taking consent
Date
Signature

One copy for participant; one copy for study file; one copy for medical notes.