

CONSENT FORM

Project Title: **Chemotherapy-Induced Hearing Loss and Health Inequality (CANHEAR)**

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Please read the following carefully and initial in the boxes:

1. I confirm that I have read and understand the information sheet for the above study (version:..... date:.....). 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 during the study and up until 2 weeks after your participation in the study is complete, without giving any reason, and that my medical care or legal rights will not be affected by study participation, or withdrawal from the study. ☐
3. I understand that any information given by me may be used in future reports or studies, academic articles, publications or presentations by the researcher/s, but my personal information will not be included, and I will not be identifiable. ☐
4. I understand that my name will not appear in any reports, articles or presentation without my consent. ☐
5. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study, and any personal data will be anonymised. ☐
☐
6. I understand that data will be uploaded to the [Open Science Framework](#), a secure, online platform that promotes transparency and collaboration in research by allowing data to be shared and accessed by researchers worldwide, and it will remain there indefinitely
7. I understand that Lancaster University as the sponsor, or regulatory authorities may be granted access to the study records and data for monitoring and auditing purposes. ☐
8. I understand that the Digit Triplet Test (DTT) is a hearing screening tool and not a diagnostic test. I understand that individual results will not routinely be fed back to me. However, if my result suggests that further assessment may be beneficial (i.e. above the recognised threshold for potential hearing difficulty), I may be contacted and advised to seek further guidance from my GP or an audiologist. I consent to the research team contacting me about my result. ☐

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(Optional) I agree to the research team sharing the DTT testing results with a named healthcare professional (e.g. my GP or oncology team), if they indicate further assessment may be required. (if you agree, please leave the contact details of your preferred clinical contact below)

Agree

Disagree

9. I agree to take part in the above study.

☐

If you agreed above to the research team contacting a named healthcare professional, please provide your preferred contacts name and contact information:

Clinician Name:

Clinician Email Address:

Participant Name:

Participant Email Address:

Participant Signature: