

CONSENT FORM FOR PATIENTS/ VOLUNTEERS IN CLINICAL RESEARCH PROJECT

EXercise TheRApy in Mesothelioma – A Feasibility Study

EXTRA-Meso Feasibility Study

Informed Consent Form

Chief investigator: Dr Selina Tsim **Patient Study ID Number:** _____ **Please Initial**

1. I confirm that I have read and understand the information sheet dated (Version) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I agree that I have had the opportunity to ask questions about the study and that these questions have been answered satisfactorily.	
3. I agree that my participation is completely voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.	
4. I agree to data collected about me being published as part of a research project. My identity will not be revealed in any publication.	
5. I agree to relevant sections of my clinical records being accessed by the research team in order to collect data as part of the study.	
6. I understand the study involves random allocation of treatment, which neither myself nor the researchers can influence.	
7. I agree to the recording of my measurements of fitness, as described in the Patient Information Sheet.	
8. I agree to the recording of my quality of life and symptom questionnaire results, as described in the Patient Information Sheet.	
9. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from NHS Greater Glasgow and Clyde (study sponsor), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
10. I consent to my GP being informed of my participation in this study.	

11. I give permission for my initials, date of birth and NHS or Community Health Index (CHI) number to be collected for follow-up purposes	
12. 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.	
13. I agree to take part in the study.	
Optional	
14. I agree to be interviewed by a researcher. I understand that the interview will last up to an hour and will be audio recorded. I understand that the interviews will be transcribed and the original recordings destroyed once this has taken place.	
15. I agree to anonymised quotes being used in possible publications.	

Please sign and date below.

Name of Participant	Date	Signature
Name of researcher	Date	Signature

For completion by person taking consent:

Please **initial** the box if consent was undertaken remotely

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When completed: 1 copy for the participant, 1 original for the researcher's site file, 1 copy for the patient's clinical notes.

If you would like us to provide you with a copy of the study results please provide your contact details below and we will mail this to you:

Postal address or email address: _____

