

## PARTICIPANT CONSENT FORM

**Study title: DISCO UTI**

Feasibility cohort study on predictors of diagnosis and prognosis of urine infection in care home residents: DlagnoSing Care hOme UTI Study

**Researcher name:**

**ERGO number:** 79003

Participant Identification Number (if applicable):

**Purpose of study:**

UTIs don't always cause clear symptoms for people who live in care homes and urine tests that are currently available do not give accurate or quick results. It can therefore be challenging for doctors and nurses to be sure whether someone has a UTI or not. We have some ideas about new ways that might help show us if someone really has a UTI but we don't know yet whether these will work. This study will help to explore these new ideas.

***Please initial the box(es) if you agree with the statement(s):***

<p>I have read and understood the information sheet version..... dated ..... and have had the opportunity to ask questions about the study.</p>	
<p>I agree to take part in this research project and agree for my data to be used for the purpose of this study.</p>	
<p>I understand my participation is voluntary and that I may withdraw at any time for any reason without my medical care or participation rights being affected.</p>	
<p>I understand that if I withdraw from the study that it may not be possible to remove the data once my personal information is no longer linked to the data.</p>	

<p>I understand that relevant sections of my care home notes and data collected during the study may be looked at by individuals from the University of Southampton, the University of Oxford, from regulatory authorities or from the research Sponsor, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.</p>	
<p>I agree to my General Practitioner being informed of my participation in the study.</p>	
<p>I agree to donate urine sample and consider this sample a gift to the University of Southampton and I understand I will not gain any direct personal or financial benefit from it.</p>	
<p>I agree if there is any urine sample remaining, following this study, that it may be used in future ethically approved research. I understand this research may involve commercial organisations. I understand that anonymised samples will be stored at a licensed facility.</p>	
<p>I understand that the companies who have created the new bedside UTI tests that are being used in this study may also be given data about my sample tested on their device, but they will not be given any data about me.</p>	
<p><b>Optional:</b></p>	
<p><i>I am happy for a poster to be displayed in my room to remind care home staff that I am participating in the study. I understand that this will be visible to anyone who enters my room.</i></p>	
<p><i>We will ask some participants to take part in an interview with audio recording. I agree to being approached during the study about this.</i></p>	

<p><i>I understand that audio recording will be transcribed by an approved third party, for the purposes set out in the participation information sheet. This will involve the secure transfer of data between the research team and the transcription company.</i></p>	
<p><i>I understand that if I am interviewed that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).</i></p>	
<p><i>I understand that I can ask a family member to be present during the interview and, if so, I consent to them being present during the interview.</i></p>	

Name of participant (print name).....

Signature of participant.....

Date.....

Name of researcher (print name).....

Signature of researcher .....

Date.....

**If verbal consent given:**

Name of witness (print name).....

Signature of witness .....

Date.....