CONSULTEE DECLARATION FORM

for research conducted under the Mental Capacity Act 2005 and/or Mental Capacity Act (Northern Ireland) 2016

Study title: **DISCO UTI**
Feasibility cohort study on predictors of diagnosis and prognosis of urine infection in care home residents: DIagnoSing 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):

I …… [name of consultee] have been consulted about ……[name of potential participant]'s participation in this research project.	
I have read and understood the consultee information sheet version…….. dated ……. I have had the opportunity to ask questions about the study understand what is involved.	
In my opinion he/she would have no objection to taking part in the above study.	
I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.	
I understand that if he/she is withdrawn from the study that it may not be possible to remove the data once personal information is no longer linked to the data.	

I understand that relevant sections of his/her care home notes and data collected during the study may be looked at by individuals from the University of Southampton, University of Oxford, from regulatory authorities or from the research sponsor, where it is relevant to their taking part in this research.	
I agree to their General Practitioner being informed of their participation in the study.	
I understand that he/she will donate urine samples as part of the study and consider this sample a gift to the University of Southampton. I understand he/she will not gain any direct personal or financial benefit from it.	
I understand if there is any of his/her 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.	
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 his/her sample tested on their device, but they will not be given any data about them.	
Optional	
I am happy for a poster to be displayed in his/her room to remind care home staff that he/she is participating in the study. I understand that this will be visible to anyone who enters the room.	

Name of Consultee (print name)……

Relationship to participant…….

Signature of Consultee……

Date……..

Person undertaking consultation (if different from the researcher)……

Signature ……

Date……..

Name of researcher (print name)……

Signature of researcher ……

Date……

If verbal consent given:

Name of witness (print name)……

Signature of witness ……

Date……