

PARTICIPANT CONSENT FORM

DISCO UTI - QUALITATIVE INTERVIEW

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:

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. **We would like to interview you about your experience of being involved in the DISCO UTI study – either as a family member, consultee or care home staff member.**

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

I have read and understood the information sheet version..... dated and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
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.	
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.	
I understand that 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.	

I understand that taking part in the study involves an interview with audio recording which 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 understand that if 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).	

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.....