



National Institute for Health Research

CONSENT FORM FOR PATIENT PARTICIPANTS, PHASE 1 #1

Understanding shared decision making about major surgery: a qualitative study

version 1.2, 13 December 2018

Name of Researcher: _____

If you agree, please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for this study. 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 without giving any reason, without my medical care or legal rights being affected.	
3. I understand that data collected during the study may be looked at by researchers and by individuals from University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I agree to a researcher observing one or more consultations.	
5. I agree to video recording of one or more consultations	
6. I agree to the use of anonymised quotes from audio/video recordings to be used in research reports, publications and presentations.	
7. I agree to researchers interviewing members of my clinical team about my care.	
8. I agree to take part in this study.	

Patient Consent Form Understanding decision making about high risk surgery: a qualitative study of shared decision making by patients and their clinical teams Chief Investigator: Sara Shaw	Version/Date: 1.2, 13 December 2018 IRAS Project number: 256208 REC Reference number: TO ADD
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Additional		
9. I agree to audio recording of one or more interviews	Yes	No
10. I agree to the use of stills (pictures) from video data to be used in research reports, publications and conference presentations	Yes	No
11. I agree to a short clip of the video consultation being used to illustrate talks about this research at conferences or for teaching purposes	Yes	No
12. I would like anonymity to be provided in any stored video recording to make sure I am not recognisable (e.g. through blurring of face)	Yes	No

Name of Participant

Date

Signature

*Name of Person taking
Consent*

Date

Signature

**1 copy for participant; 1 copy for researcher file*