



# National Institute for Health Research

## CONSENT FORM FOR PATIENT PARTICIPANTS, PHASE 1 #2

### 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 previously been involved in an earlier phase of this study. I have read the information sheet dated..... (version.....) for this part of the 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 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 the use of anonymised quotes in research reports, publications and presentations.	
5. I agree to take part in this part of the study.	
Additional	
6. I agree to audio recording of a follow up interview.	Yes
	No

\_\_\_\_\_  
Name of Participant                      Date                      Signature

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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*Name of Person taking  
Consent*

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*Date*

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*Signature*

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