The University Of Sheffield. | Clinical Trials Research Unit.

HydroDMD

Hydrotherapy for Duchenne muscular dystrophy
HEALTH PROFESSIONAL INTERVIEW CONSENT FORM

Study Number: _____

Please initial

1. I confirm that I have read and understand the information sheet dated …… (version ……) for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my legal rights being affected. ☐

3. I understand that data collected during the interview may be viewed at by individuals from The University of Sheffield, from regulatory authorities or from the NHS Trust, where it is relevant to taking part in the research. I give permission for these individuals to have access to this data. ☐

4. I consent to participation in a 30-40 minute interview about the treatments and trial and understand that these will be recorded and my name and address will be given to a member of the University of Sheffield research team in order for them to contact me. ☐

5. I understand that this interview will be audio taped, transcribed and used in the research process. I understand that any quotations in reports about the research will be anonymous. I agree to the audio-taping of the interview. ☐

Signature of health professional: _____ Date: __ / __ / __

Signature of researcher: _____ Date: __ / __ / __

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in the medical notes.