

Delphi Study Consent Form

DEVELOPMENT OF A CONSENSUS CLINICAL DECISION RULE FOR DIAGNOSING PULMONARY EMBOLISM IN PREGNANCY: A MODIFIED DELPHI STUDY

Name of Lead Researcher: Dr Gordon Fuller

Participant Identification Number for this project: _____ **Please initial box**

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I give permission for my anonymised responses to be used during the Delphi process, and to be accessed by members of the research team. I understand that my name will not be linked with the research materials, and I will not be identifiable during the Delphi survey or in the reports that result from the research.
4. I agree to take part in the above research project.

Name of Participant

Date

Signature

Dr Gordon Fuller

08/04/2015



Lead Researcher

Date

Signature

Completion: Please return scanned or electronically completed forms via email to: g.fuller@sheffield.ac.uk. Alternatively please return hard copies by post to the following address: Dr Gordon Fuller, c/o Mrs Jo Casson, School of Health and Related Research, 3rd Floor, Regent Court, 30 Regent Street, University of Sheffield, Sheffield, S1 4DA

Further information: Please do not hesitate to contact the lead researcher if you have any concerns or questions. Contact details: Tel: 07968 280641, email: g.fuller@sheffield.ac.uk

Copies: Please retain a copy of the completed consent form for your personal records. An additional copy will be held in a University secure location for the duration of the research study.