Centre Number: Study Number:

Participant Identification Number for study:

**Consent Form**

**Title of Project: Life and Bladder Cancer: The Yorkshire Cancer Research Bladder Cancer Patient Reported Outcomes Survey**

Survey of people newly diagnosed with bladder cancer

Name of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial box

|  |
| --- |
| I confirm that I have read and understood the information sheet (Version 2.2 dated 10/1/2019) for the above study. I have had the opportunity to think about the information, ask questions and have had these answered satisfactorily |
|  |
| I understand that my participation is voluntary and that I am free to pull out of the research at any time without giving any reason, without my medical care or legal rights being affected.  |
|  |
| I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the research team, Public Health England, or from the NHS Trust, where this is relevant to my taking part in this research. I give my permission for these individuals to have access to my record.  |
|  |
| I agree that my contact details can be given to an NHS approved survey company for the purpose of sending me surveys and reminders to complete them.I agree that my identifiable details can be shared with NHS Digital for the purpose of checking my status and latest address before questionnaires are sent out |
|  |
| I understand that any data or information used in any publications, which arise from this study, will be anonymous. |
| I understand that all data will be stored securely and managed according to data protection legislation |
| I agree that my anonymised or pseudonymised data from all time points may be stored in a secure University of Leeds data archive which is available to researchers for research and educational purposes. |
| I agree to take part in the above study.  |

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Name of Patient Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person taking consent Date Signature

**Participant Details Form**

**Title of Project: Life and Bladder Cancer: The Yorkshire Cancer Research Bladder Cancer Patient Reported Outcomes Survey**

Survey of people newly diagnosed with bladder cancer

NHS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_

Preferred method of completing surveys

 On paper and posting to survey provider

 Online

 Telephone

Address

Post Code

E-mail (leave blank if you do not want to complete the surveys by email)

Please make three copies of the consent and participant details form:

1 copy for the participant

1 copy for the investigator file

1 copy for the medical records