

# STUDY CONSENT FORM

## PROSPECT: Prolapse Surgery

Participant Study No

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Please tick ALL boxes ↓

**By signing this form and ticking each box I agree that I have:**

- been given the Information Sheet about the study (Version \_ Dated \_\_/\_\_/\_\_)
- had the opportunity to discuss the study
- received satisfactory answers to questions
- been given enough information about the study

**I understand that:**

- my participation is voluntary and taking part in the study may not benefit my own health
- I am free to withdraw from the study at any time without having to give a reason
- if I withdraw, this will not affect my medical care or legal rights
- I may be contacted in the future for long term follow up

**I agree that** relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Aberdeen, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. Information relevant to the PROSPECT study may be collected from my hospital and NHS records, including Office of National Statistics (ONS) and NHS central registers.

**I am willing** to be asked in the future if I would be willing to take part in other relevant research

**I agree that** relevant data and my contact details will be held confidentially and securely by the study office in Aberdeen, and may be subject to audit and monitoring by regulatory authorities, without breaching data confidentiality

**I agree that** my family doctor (GP), my hospital consultant and the person I have nominated as my best contact may be told that I am taking part in this study

**I agree to take part in the PROSPECT study**

Your signature (participant) \_\_\_\_\_

Your name in block capitals \_\_\_\_\_

Date \_\_\_\_\_

**For office use only**

I confirm that I have explained to the person named above, the nature and purpose of the PROSPECT study and the procedures involved.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CONSENT TO RANDOMISATION**

I confirm that I have discussed the types of surgery suitable for me with my gynaecologist, and I agree to being **randomly allocated** to one of them.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have discussed with my patient the types of surgery suitable for her, and I agree that she can be **randomly allocated** to one of them.

Signature of Gynaecologist \_\_\_\_\_

Date \_\_\_\_\_