

The ADxDA Study Phase 3: Healthcare Professional Consent Form

Please **initial** each box

1. I confirm I have read and understood the patient participant information sheet (PIS) (Version 1, 11th February 2021), for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I consent to take part in a semi-structured interview for the above study.
3. OPTIONAL. I give permission for my gender to be used in the analysis of the results. (Please do NOT initial box if you do not give permission)
4. I understand that my participation is voluntary and I'm free to withdraw from the interview and the study at any time without giving any reason and without my medical care and/or legal rights being affected. We will keep any data collected from you up to that point. However, if you request that your data is deleted and not used in the study, we will remove all your data from the study.
5. I agree to my interview being audio recorded.
6. I agree that my audio recording will be transcribed by the transcription service 1st Class Secretarial Services.
7. I understand that relevant sections of data collected during the study may be looked at by this study's wider research team, individuals from the regulatory authorities and from the Sponsors (NHS Lothian and the University of Edinburgh) where it is relevant to my taking part in this research. I give permission for those individuals to have access to such data and for my anonymised data being used in future studies.
8. I understand that my personal details will be securely retained by the research team for the duration of the study to allow the study team to contact me during that time.
9. I am willing for my anonymised data to be made available for further research and archived for 7 years and then destroyed.

10. I understand and give consent that direct quotes from my interview will be used in the reporting of the study's research findings but that they will be anonymised and presented in such a way that prevents my identification.

11. I agree to take part in this study.

Name of person giving consent :

Date:

Signature:

___/___/___

Name of person taking consent:

Date ___/___/___

Signature _____

Original copy to be kept by researcher, one copy for the parent.