

LIBERATE: Living Better with Advanced Breast Cancer

Patient consent form

Please read and initial the statements below to show that you have understood and agree to each one: **Please initial:**

1	I have read and understood the information sheet dated (---/---/---) for the above study. I have had the opportunity to consider my participation and to ask questions, which have been addressed.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time without reason and without any effect on my medical care or legal rights.	
3	I understand that interviews in this study will be audio-recorded and agree to such recordings taking place. I am aware that my contributions will remain anonymous and that any personally identifiable information will be removed.	
4	I agree to my anonymised contributions (in the form of excerpts of written transcripts of interview recordings) being cited in written publications and oral reports of this research.	
5	I understand that if I choose to withdraw, I will have up to two weeks after the date of my interview to request for the information I have provided to be removed from the study.	
6	I understand that if the research team have any serious concerns for my health, safety or well-being, they have a duty to inform my GP or another appropriate professional.	
7	I understand that my anonymised data will only be accessed by members of the LIBERATE research team and will be stored electronically on the secure University of Leeds server.	
8	I give permission for the research team to temporarily store my contact details for the purposes of arranging the interview, or sending me study related information where required or if requested.	
9	I understand that any personal data will be securely stored in locked filing cabinets or electronically on secure servers, with access strictly limited to those in the research team, and confidentially destroyed six months after the study closes.	
10	<i>For patients at St James' Hospital only (if this not applicable to you, please indicate with 'NA')</i> : I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from St James' Hospital or from the University of Leeds for the purposes of this research. I give permission for these individuals to have access to my records.	
11	I understand that my study information may also be looked at by regulatory bodies (such as Leeds Teaching Hospitals NHS Trust Research & Innovation Department).	
12	I agree to take part in the above study.	

Please sign below after you have initialled every statement above.

Name of patient	Signature	Date
Name of consenting researcher	Signature	Date

Please provide the name of your hospital consultant (for those receiving care at St James' University Hospital) or the name and address of your GP overleaf:

Name of GP/hospital consultant:

Address of GP surgery (if appropriate).....

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1 copy of this consent form will be provided to the participant; 1 copy will be retained for the research site file.