

Site Number:

Participant Identification Number:

Decision making about implantable defibrillators (ICDs)

Lead Investigator: Professor Richard Thomson; Researcher: Holly Standing

Please initial each box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2. I understand that my participation in this study is voluntary and that I am free to withdraw my participation at any time without giving any reason, without my care being affected.	<input type="checkbox"/>
3. I agree to allow the researchers to audio record the interview. I understand that direct quotations may be used in the final report or scientific publications, however these will be anonymised and no personal information that could identify me will be used.	<input type="checkbox"/>
4. I understand that all data collected during the interview will remain anonymous and confidential, and will be stored in a locked filing cabinet and on password protected computers located in the Institute of Health and Society at Newcastle University.	<input type="checkbox"/>
5. I understand that during the interview if any disclosures are made, which indicate malpractice or misconduct, or suggest that any individual is in danger of harm, the information will be disclosed to the appropriate personnel.	<input type="checkbox"/>
6. I understand that once transcribed, the audio recordings will be destroyed and transcripts stored in locked files in accordance with the Data Protection Act.	<input type="checkbox"/>
7. I agree to my contact details being recorded on password protected computers located in the Institute of Health and Society at Newcastle University for the purposes of inviting me to participate in a workshop or event to share the study findings.	<input type="checkbox"/>
8. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS	<input type="checkbox"/>

Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
9. I understand that the information I give in this study may be used in the future as part of research or for educational purposes. I understand that it will not be possible to identify me from this information and no further contact will be made with me.	<input type="checkbox"/>
10. I agree to take part in the above study.	<input type="checkbox"/>

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature