



University of Central Lancashire

icons

Identifying Continence Options after Stroke

WRITTEN CONSENT FORM FOR PATIENTS

Title of study: ICONS: Identifying Continence Options after Stroke

Name of Principal Investigator: Professor Caroline Watkins

Participant Information Number:

Please initial the box

1. I confirm that I have read and understood the information sheet for the above study, dated 31 March 2010 (Version 1). I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Central Lancashire or from Lancashire Teaching Hospitals NHS Foundation Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I agree to:

Answer questions about my condition and progress

Complete one interview about my care.

Allow the interview to be audio-taped and transcribed.

Allow the information I supply to be used anonymously in reports, publications or for teaching purposes.

Allow my GP to be informed about my participation in the study.

5. I would like a summary of the results of the study when it is completed.

Name of participant

Date

Signature

Name of researcher

Date

Signature

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