

## TRIAL CONSENT FORM

**Study Title:** CONDUCT

**ID number:** \_\_\_\_\_

**Please initial each box**

1. I confirm that I have read and understood the information sheet dated 17<sup>th</sup> May 2016 (Version 1.0) for the CONDUCT study and have had the opportunity to ask questions and 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, and without my medical care or legal rights being affected
3. I understand that the study team will have access to the results of urine culture tests performed in the past 5 years and for the next year, where these are held by the Oxford University or Gloucestershire Royal Hospitals Trusts
4. I understand that relevant sections of my GP medical notes will be reviewed after 14 days
5. I understand that my urine sample will be stored anonymously and may be subject to further biochemical and microbiological analysis relevant to urinary infection, including genetic techniques to identify bacteria
6. 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 Oxford or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records
7. I understand that my anonymous sample may also be included in a sub-study being conducted by a commercial company. My personal details will not be shared but my age and whether I have diabetes, renal tract abnormalities or recurrent UTIs will be shared. I cannot be identified by this information
8. I understand that the information I have given to researchers will be transferred to Oxford University and stored securely, including contact details that I have provided for study purposes

**ADDITIONAL STUDIES - Please initial either the yes or no box:**

9. I am happy to be contacted regarding a short telephone interview study aiming to find out what patients think about using a urine collection device 

Y	N
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10. I agree that my personal contact details can be retained by Oxford University after this study in order that I could be contacted about participating in other relevant research studies in the future 

Y	N
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By signing this consent form, I agree to participate in the CONDUCT study and follow all study procedures.

**Participant name:**

**Clinician name:**

**Date:**

**Date:**

**Signature:**

**Signature:**