University of Southampton

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DESCARTE

MRC
Medical Research Council

Patient Identification Number

CONSENT FORM (Version 8 08 08 07)

The Sore throat Symptom and Complication study: DESCARTE

(DEcision rule for Symptoms and Complications of Acute Red Throat in Everyday practice)

Name of Researchers: Prof Paul Little

Please initial box

1. I have read and understood the Patient Information Sheet, dated 08 08 07(version 7) and know that I can contact the researchers to ask questions. ☐
2. I understand that taking part is up to me 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 parts of my medical records to do with the study may be looked at by responsible individuals from the University of Southampton and (*local University name here*) or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. ☐
4. I agree to take part in the above study. ☐

Name of Patient _____ Date _____ Patient Signature _____

Patient Address _____

Patient Postcode _____ Patient Date of Birth _____ Patient Phone Number _____

Patient E-mail _____ Name of GP or nurse referring patient to the study _____

If this form is signed within the GP practice, then we ask for the practice staff to post the white copy to the researchers in Southampton (FREEPOST envelope provided), keep the green copy for your information and give the yellow copy to the patient.

If this formed is signed by the patient at home then we ask that the patient put the white and green copies in the FREEPOST envelope and post them to the researchers, the yellow copy is for the patient to keep.

SAMPLE