



Participant Consent Form

The POPPY Study
Patient reported Outcomes, Postoperative pain and Pain relief after daY case surgery

Principal Investigator:

Hospital patient number:

Site:

Please initial each statement as appropriate	
1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Please Initial
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.	Please Initial
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from University Hospitals Plymouth NHS Trust, University of Plymouth, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals, who are bound by a strict duty of confidentiality, to have access to my records.	Please Initial
4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.	Please Initial
5. I understand that the information collected in this study will be presented at scientific meetings and/or published in medical journals. I understand that my identity will not be revealed in any of these cases and my data will be in an anonymous format to protect my identity.	Please Initial
6. I consent to being contacted by the research team via telephone after receiving the last follow up text message/email, to see if I would like to take part in an interview about my involvement in the above study.	Please Initial
7. I understand this study may identify I have feelings of anxiety and/or depression. I consent to the research team informing my GP of these feelings by sending a standardised letter. You may also receive a text message from the research team offering additional support.	Please Initial
8. I agree to take part in the above study.	Please Initial

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking Consent	Date	Signature
Time of Consent (24 hour clock)	_____ : _____	

Paper consent form: 1 copy for participant + 1 copy in medical notes.