

Remote Participant Consent Form

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

Chief Investigator:

Participant Identification Number for study:

Person taking
consent to initial box

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| <p>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.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>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.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>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.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>4. I understand that the interview will take place online <i>via</i> Zoom, and I agree for this to be recorded.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>5. 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.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>6. 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.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |
| <p>7. I agree to take part in the above study.</p> | <input style="width: 50px; height: 30px;" type="checkbox"/> |

I (name of person taking consent) have read this consent form to (participant name in full) on (date). I confirm that they have:

- Understood the participant information sheet and informed consent form *and*
- Verbally agreed to the statements numbered 1 to 7.

Name of person taking consent	Date	Signature
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Time of consent (24hr clock) :

When completed: 1 copy for participant (*via* email/post); original copy for researcher site file.