NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES

TASMINH4

UNIVERSITY OF BIRMINGHAM

PARTICIPANT CONSENT FORM

PRACTICE NAME: _____ **PARTICIPANT ID:** _____

Telemonitoring and/or Self-monitoring of blood pressure in Hypertension: A randomised controlled trial in primary care (TASMINH4)

		PLEASE INITIAL EACH BOX
1.	I confirm that I have read and understood the information sheet dated 03/12/2014 (v 2) for the above study and have had the opportunity to ask questions.	☐
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 any of my medical notes and data collected during the study may be looked at by responsible individuals from the University of Oxford, the University of Birmingham, from regulatory authorities or from the NHS Trust where it is relevant to my taking part in research. I give my permission for these individuals to have access to my records.	☐
4.	I understand that information held by the NHS and records maintained by the Health and Social Care Information Centre and the NHS Central Register may be used to help contact me and provide information about my health status.	☐
5.	I understand that the research team may contact me regarding participation in the embedded qualitative interview study.	☐
6.	I agree to my GP being informed of my participation in the study.	☐
7.	I agree to take part in the above study.	☐

Name of Participant	Date	Signature
Name of Person Taking Consent	Date	Signature

Original white copy for PC-CTU Oxford, Yellow copy for participant, Blue copy for medical notes/site file

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