

Patient Postal Consent Form

Study number: <xx>

Access to medical test results service in General Practice

Please read this form carefully and **initial the boxes** if you agree with the statements:

	Please initial relevant boxes
I confirm that I have read and understood the information leaflet (dated 29.11.2018) for the above study. I have had an opportunity to consider the information provided, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw up at any point, without giving a reason, without my medical care or legal rights being affected. However, any data collected up to this point may be retained.	
I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers.	
I give consent for a researcher from Bristol University to contact me to discuss arranging an interview.	
I agree to this interview being audio recorded and for publication of anonymised quotes.	
I understand that all data will be stored securely and is covered by the Data Protection Act.	
I give consent to take part in an interview for the above study.	

If you would like to take part in the study, please write your contact details below.

A researcher will telephone you to discuss arranging an interview.

Please note that the research team will not pass your details on to anyone else.

Name (Please print):	Title: Dr/ Mr/ Mrs/ Miss/ Ms/ Other
	Forename/First name:
	Family/Surname:
Contact address:	
Postcode:	
Telephone number:	
Convenient times to be telephoned:	
Email address:	

Please return this consent form in the prepaid envelope provided.

Thank you for completing this consent form.



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	Please initial box
I DO NOT want to take part in this study.	

To make sure that you are not recontacted again about taking part in this study, please write your name below. A member of the study team will pass this information on to your general practice so that you are removed from any future mailing lists about this study. Your details will not be used for any other purposes.

Name (Please print):	Title: Dr/ Mr/ Mrs/ Miss/ Ms/ Other
	Forename/First name:
	Family/Surname:

Please return this reply slip in the prepaid envelope provided.
Thank you for completing this reply slip.