REC Number: 22/SS/0094
IRAS ID: 316986
SPONSOR'S Number: RHM GSU0281

SITE IDENTIFIER | | | |

INFORMED CONSENT FORM – Qualitative Interviews with Trial Participant

CaDeT: Multicentre trial of the clinical and cost effectiveness of a novel urinary catheter design in reducing catheter-associated urinary tract infection compared with the traditional Foley design for adults requiring long-term catheterisation

Participant Identification Number for this trial: | | | | – | | | | | | |

Please write your initials in each box to confirm that you have read and agree to the following statements	Please initial box
1. I confirm that I have read and understand the participant information sheet(version 2, dated 01 Nov 2023) . I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	INITIAL
2. I agree to take part in this recorded interview and understand that all my details will be kept confidential and my name will not appear on any reports or documents.	INITIAL
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being adversely affected.	INITIAL
4. I understand that if I choose to stop involvement in the study prior to completion, then any information that I have already provided may still be used.	INITIAL
5. I give permission for anonymous quotes from the interview to be included in reports of the findings of the research.	INITIAL
6. I understand that my anonymised data will be held on servers located within and outside of the UK, and that access to data managed by Southampton Clinical Trials Unit (SCTU) will be strictly controlled and applicable Data Protection Legislation will be abided by.	INITIAL
7. I understand and agree that the information collected about me will be used to support other ethically approved research in the future, and I consent to my anonymised trial data being used in future research.	INITIAL

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8. I consent to disclosure of any information to my local study team which may indicate that I (the participant) or someone else is at harm.	INITIAL

Name of Patient	Signature	Date (DD-MMM-YYYY)
Name of researcher taking consent	Signature	Date (DD-MMM-YYYY)