UNIVERSITY OF BIRMINGHAM

NHS
Oxford University Hospitals
NHS Foundation Trust

Health Improvement through Weight Management in Atrial Fibrillation (HIWeiMan-AF study)

Participant Informed Consent Form **Participant No. _____**

Initial each box below

I confirm that I have read and understand the participant information leaflet (version no. _ _, date_____) for this study. I have had the opportunity to ask questions and have had these answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to stop the interview or withdraw from the study at any time. If I withdraw before data analysis takes place, my data will not be used and will be destroyed. I understand that if I withdraw after data analysis, it will not be possible to remove my data from the analysis. ☐

I give permission for the researcher to make a recording of the interview on a password-protected audio recording device. I understand the interview will be transcribed and anonymised as described within the participant Information Leaflet. The data will be stored securely in accordance with the University of Birmingham Code of Practice for Research and applicable Data Protection Regulations. ☐

I understand that my personal data will be processed for the purposes detailed in the Participant Information Leaflet, in accordance with the General Data Protection Regulation 2018/Data Protection Act 2018. ☐

I agree to my name, medical record number, and date of consent for the study being recorded on a password-protected spreadsheet stored on an Oxford University Hospitals computer. Only people directly connected with the research will have access to this spreadsheet. My personal data will not be transferred outside Oxford University Hospitals NHS Foundation Trust. ☐

I give permission for the researcher to access my medical records including electronic health records and my contact details through my NHS Summary Care Record for the purpose of the study. ☐

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I give permission for the researcher to contact me by telephone for up to two weeks after the interview to check the accuracy of the transcribed interview. ☐

I give permission for **authorised individuals** (University of Birmingham, regulatory authorities or from the NHS) to have access to data collected during this research and to my medical records to ensure the research is being done properly. ☐

I give permission for my GP and the cardiology consultant responsible for my care to be informed of my participation in the study. ☐

I do not expect to receive any benefit or payment for my participation ☐

Based upon the above, I agree to take part in this study. ☐

Name of participant……...…… Date…… Signature……..

Name of researcher……...……... Date…… Signature……..

A copy of the signed and dated consent form and the participant information leaflet should be given to the participant, a copy filed in the medical notes and the original retained by the researcher to be kept securely on file.