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**PARTICIPANT CONSENT FORM (MDT meetings)**

**AUTISM DIAGNOSIS AS SOCIAL PROCESS: AN EXPLORATION OF CLINICIANS’ DIAGNOSTIC DECISION-MAKING**

**CONSENT FORM**

VERSION NUMBER 2 (14/03/2017)

I have read the Information Sheet Version Number \_\_\_ dated \_\_\_\_ concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

**I know that:** *please circle*

1. My participation in the project is entirely voluntary Yes / No
2. I am free to withdraw from the project at any time without disadvantage Yes / No
3. The MDT meetings I take part in will be video-recorded and extracts from Yes / No

the resulting transcripts of the video recording may be published.

1. My anonymity and that of my patients will be preserved Yes / No
2. Data (video recordings) will be retained in secure storage for 5 years in Yes / No accordance with University of Exeter Data Protection Policy
3. After the project is finished, the anonymised data will be stored in a Yes / No

repository and may be analysed by other researchers

**I agree to take part in this project.**

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Name of Participant (printed) Date Signature

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Name of Researcher (printed) Date Signature

**This project has been reviewed and approved by the University of Exeter Medical School Research Ethics Committee.**

UEMS REC REFERENCE NUMBER: Mar17/B/114

IRAS Project ID: 220180