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Study Title: Barriers and Best Practices for Trials Transparency at UK Universities and NHS Trusts

Ethics Reference: R67457

Informed Consent Form

Purpose of Study: To understand trials transparency barriers and best practices at UK public research institutions.

*Please initial
each box*

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|---|--|----------------------|
| 1 | I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="text"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty. I may withdraw consent for the use of any interview content which I may have given. | <input type="text"/> |
| 3 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford where it is relevant to my taking part in this study. I give permission for these individuals to access my data. | <input type="text"/> |
| 4 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input type="text"/> |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input type="text"/> |
| 6 | I understand how this research will be written up and published and give consent for anonymous direct quotes to be used in publications and conference or teaching presentations. Additionally, I agree that an anonymised version of this transcript will be made available by the researcher as open study materials. If I say something during the interview which I would rather not be used as a direct quote or be redacted in shared text, I am aware I can inform the researcher who will not use the content in this way and redact it from the transcript. | <input type="text"/> |
| 7 | I understand how to raise a concern or make a complaint. | <input type="text"/> |

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|----|--|---|
| 8 | I understand that if I were to reveal any information which indicated a risk to patient safety, the researcher would be obliged to raise concerns with the appropriate person or organisation. | <div style="border: 1px solid black; width: 70px; height: 25px; margin: 0 auto;"></div> |
| 9 | I consent to being audio recorded or have made specific arrangements with the research team to provide answers in another form (e.g. via e-mail) | <div style="border: 1px solid black; width: 70px; height: 25px; margin: 0 auto;"></div> |
| 10 | I agree to take part in the study | <div style="border: 1px solid black; width: 70px; height: 25px; margin: 0 auto;"></div> |
| 11 | (Optional) I agree to be contacted by email regarding follow-up related to this research | Yes/No |
| 12 | (Optional) I would like to receive a copy of any publications on this research by email on file with the research team | Yes/No |

Name of Participant	<div style="color: #ccc; font-size: 0.8em; margin-bottom: 5px;">dd / mm / yyyy</div> Date	Signature
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Name of person taking consent	<div style="color: #ccc; font-size: 0.8em; margin-bottom: 5px;">dd / mm / yyyy</div> Date	Signature
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