

Consent Form

Diagnostic Innovation and Livestock (DIAL):

Towards more effective and sustainable applications of antibiotics in livestock farming

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part		
I have read and understood the project information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. Taking part in the project will include being interviewed and audio recorded.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary; I can withdraw from the study at any time until data analysis begins and I do not have to give any reasons for why I no longer want to take part. If I choose to withdraw from the study, all data relating to me will be destroyed.	<input type="checkbox"/>	<input type="checkbox"/>
Use of the information I provide for this project only		
I understand my personal details such as phone number and address will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my words may be quoted in publications, reports, web pages, and other research outputs.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please choose one of the following options:</i>		
- I would like my real name to be used in the above research outputs	<input type="checkbox"/>	<input type="checkbox"/>
- I would not like my real name or any identifying details to be used in the above research outputs, but give consent for my area of professional expertise to be indicated. I understand that it is still possible that I could be recognised through information that I share.	<input type="checkbox"/>	<input type="checkbox"/>
- I would not like my real name or any other identifying details to be used in any research outputs. I understand it is still possible that I could be recognised through information that I share.	<input type="checkbox"/>	<input type="checkbox"/>
Use of the information I provide beyond this project		
I agree for the data I provide to be archived at the UK Data Archive.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
So we can use the information you provide legally		
I agree to assign the copyright I hold in any materials related to this project to Dr Katherine Adam.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant [printed]

Signature

Date

Researcher [printed]

Signature

Date

Contact details of the researcher

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