

Case Study Report Participant Consent Form

Reference Number	
Case Study Title	

I agree to take part in the case study specified above. I have had the case study explained to me, and I have read the Participant Information Sheet, which I will keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher(s) Yes No

I allow the researcher(s) to access my clinical records for the purpose of preparing and publishing a case study report Yes No

I allow the researcher(s) to prepare and publish the aforementioned case study report Yes No

I understand that my participation is voluntary, that I can choose not to participate in part or all of the case study, and that I can withdraw at any stage of the case study without being penalised or disadvantaged in any way.

I understand that any data that the researcher(s) extract from the interview or from my clinical records for use in a case study report will not, under any circumstances, contain my name or personal information about me which has not been de-identified.

I understand that because the case study report will describe a rare event, my confidentiality cannot be guaranteed and there remains a possibility that my identity may be guessed or discovered by someone reading the case study report. However, I understand that any information I provide to the researcher(s) is confidential, and that no information about me will be disclosed in any case study report, or to any other party, without first being de-identified.

I understand that the case study report based on the interview(s) and my clinical records will be kept in secure storage and will be accessible to the researcher(s) only. I also understand that any of my confidential information held by the researcher(s) will, in accordance with legal requirements, be kept for a period of seven years before being destroyed.

Participant's Name:

Signature:

Date:

Researchers Name(s):