

Trust study number (local site):
HTA reference (if applicable): 12/200/04
IRAS ID: 163427
<<Insert PI name>>
<<Insert PI address>>
<<Insert PI tel number>>
<<Insert PI fax number>>

Trust logo or replace with <To be printed on site
headed paper>

Participant Study ID

The Bluebelle Study: a feasibility study of three wound dressing strategies in elective and unplanned surgery

Participant Consent Form

Please ask the participant to complete the following:

**Participant to initial
Initials**

1. I confirm that I have read and understood the Participant Information Leaflet (Pilot RCT, dated ____/____/____, version ____).
2. I have had the opportunity to ask questions about the study and received satisfactory answers to my questions.
3. I understand that I am free to withdraw from the study at any time without giving a reason and that withdrawing from the study will not affect my medical care or legal rights.
4. I give permission for sections of my medical records to be looked at by the study team, the regulatory authorities or the hospital trust overseeing the research. I understand that strict confidentiality will be maintained.
5. I agree to my GP being informed of my participation in this study.
6. I give permission for my personal data (including any photographs) to be stored for the duration of the study.

- | | Yes | No | Initials |
|--|--------------------------|--------------------------|----------------------|
| 7. I agree to take part in this study which may include a clinician taking photographs of my wound(s) (if you prefer not to have photographs taken, your participation in the rest of the study will not be affected). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8. I agree to take part in this study which may include me taking and sending photographs of my wound(s) to the study team (if you prefer not to take photographs yourself, your participation in the rest of the study will not be affected). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 9. I give permission for a skin transfer to be applied after my operation to remind staff that I am participating in the study. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10. Do you agree to your contact details being sent to a researcher at the University of Bristol/Birmingham so you can be contacted about the possibility of interviews regarding your experiences in the Bluebelle pilot trial? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11. I agree to take part in this study. | | | <input type="text"/> |

Name of participant

Signature

Date

Name of person taking consent

Signature

Date

1 copy for participant; 1 for research team (original); 1 to be kept with hospital notes

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