



**Ethics number:**

**Centre ID:**

**Participant's Initials:**    (If no middle initial insert '-')

**Participant's Month & Year of Birth:**

**Participant Trial ID(if applicable):**

### ATAFUTI

A Trial Investigating Alternative Treatments of Adult Female Urinary Tract Infection.

### CONSENT FORM – PATIENT INTERVIEW

Name of Researcher: Professor Michael Moore

The informed consent consists of two parts – the information sheet and this consent form.

Please Initial Box

1. I confirm that I have read and understand the participant information sheet (version 3 dated 17/03/15) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation in the interview is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.
3. I consent to the collection and use of information about me in accordance with the participant information sheet.
4. I give permission for my interview to be audio recorded. I understand that my name will not be used in this process and that any quotes used will remain anonymous.

(TO BE PRINTED ON LOCAL HEADED PAPER)

5 I understand that any data collected, at the interview, up to the time of my withdrawal may continue to be used in the above study.

6 I agree to take part in the interview for the above study.

*For the purposes of the Data Protection Act 1998 the data controller is the University of Southampton and any inquiries relating to your personal information may be addressed to the Southampton Clinical Trials Unit, MP131, Southampton General Hospital, Southampton, SO16 6YD.*

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed:

1 (original) signed consent form to be kept in Medical Notes

1 copy for the participant

1 copy for the researcher site file