UNIVERSITY OF LEICESTER

<INSERT LOCAL HEADERS>

Effectiveness and Cost of Integrating a Protocol with use of Liraglutide 3.0 Mg into an Obesity Service (STRIVE Study)

INFORMED CONSENT FORM

Local Principal Investigator:

<Insert Local investigator name – single line>
<Insert local Site details/address – single line>

PARTICIPANT ID No: SN __ __ __ __ __ __

Please initial each statement

1. I have read the Participant Information Leaflet (v5 08/06/2018) of the above study and have been given a copy to keep. I have had the opportunity to ask questions about the study and I am satisfied with the information I have been given. ☐
2. I agree that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐
3. I agree to undergo the tests and investigations as described in the Participant Information Leaflet. The nature of the tests and investigations and any possible risks have been explained. ☐
4. I agree to my medical history from my GP being accessed by the research team should it be relevant to my taking part in the study ☐
5. I agree to my GP and any other doctor treating me to being informed of my participation in this study. ☐
6. I agree that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from the regulatory authorities, NHS Trust, Sponsor, host organisation, funder, or study team, where it is relevant to my taking part in this research. I give my permission for these individuals to have access to my records. ☐
7. I agree to being contacted with the details of future research and for my contact details to be stored securely on a computer database by the local study team. ☐
8. I agree that my anonymised data and personal information may be Transferred and stored between university and NHS trust computers using secure encrypted methods. ☐
9. I agree that my data may be used for other ethically approved research. It will be stored at the University Hospitals of Leicester or other academic partners if it is anonymised. ☐

	Yes	N/A
10. **FEMALE PARTICIPANTS ONLY:** I agree to being withdrawn from the study if I become pregnant and for the funder to be informed of this withdrawal.	☐	☐
11. I agree to take part in the above study.	☐	

Name of patient	Date	Signature
Name of person taking consent	Date	Signature