



Mater Misericordiae
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Not for prescription purposes

Patient Informed Consent



Version 4
Date: ___/___/___

Project Title: Design Deliver and Evaluate the Effect of a Modified Home-Based Pulmonary Hypertension Exercise Programme for Individuals with Pulmonary Hypertension

Principal Investigators: Dr.Brian McCullagh Mater Misericordiae University Hospital and Prof.Niall Moyna, School of Health and Human Performance

Other investigators: Prof, Sean Gaine Mater, Dr Eoin Hunt Misericordiae University Hospital, Ciara McCormack PhD Researcher (DCU) ,Dr. Bróna Furlong and Dr.Noel McCaffrey, Dr. Sarah Hardcastle.

In recent years, evidence has emerged that exercise, carefully prescribed, can be safely used in patients with PH and can significantly enhance their quality of life and physical function. The purpose of this study is to design, deliver and evaluate the effect of a modified home-based pulmonary hypertension exercise programme for individuals with PH in Ireland.

Participant – please complete the following (Circle Yes or No for each question)

I have read and understood the Plain Language Statement/Information sheet (or had it read to me)	Yes/No
I understand the information provided	Yes/No
I have had an opportunity to ask questions and discuss this study	Yes/No
I have received satisfactory answers to all my questions	Yes/No
I am aware that my GP Dr. _____ will be informed of my involvement in this study	Yes/No
I give my permission for the research team to access my medical records	Yes/No

«FOOTITL1» «FOOTTEXT1»
«FOOTTEXT1L2»

'«FOOTHEAD»'

«FOOTITL2» «FOOTTEXT2» «FOOTITL3» «FOOTTEXT3» «FOOTITL4» «FOOTTEXT4»

«FOOTTEXT5»



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I will contact the research investigator immediately if I suffer any unexpected or unusual symptoms during the research study. I will notify the research investigator if I have any other medical treatments or procedures during the course of the research study Yes/No

I am aware that if I do not co-operate fully with the investigator's requests and directions I may harm myself by participating in the research study Yes/No

I give my permission for the use of audio recording during my exercise consultation Yes/No

I give my permission to be included in any video recording which may take place during my induction training days and for it to be used at scientific meetings/presentation of the study Yes/No

Involvement in this study is completely voluntary. I understand that my treatment will not be affect if I decide to or not to participate. I may withdraw from the study at any point. Withdrawal from the study will not affect the medical management of my condition. Dublin City University will protect my confidentiality. My information will be assigned a unique code, which will protect my identity. All information will be stored electronically securely and saved in a password-protected file in a computer at DCU. Hardcopy files will be stored in a secure, locked filing cabinet in DCU. Following use in this research, the information will be anonymised and stripped of my personal data and retained. The study findings may be presented at scientific meetings and published in a scientific journal but my identity will not be divulged and only presented as part of a group. My confidentiality of information provided can only be protected within the limitations of the law. It is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions.

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participants Signature: _____

Name in Block Capitals: _____

Person Obtaining Consent in Block Capitals: _____

Date: _____

«FOOTITL1» «FOOTTEXT1»
 «FOOTTEXT1L2»

'«FOOTHEAD»'

«FOOTITL2» «FOOTTEXT2» «FOOTITL3» «FOOTTEXT3» «FOOTITL4» «FOOTTEXT4»

«FOOTTEXT5»