**Case Study Report Project Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Study Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree to take part in the case study specified above. The case study has been explained to me and I have read the Explanatory Statement, which I will keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher **[ ]  Yes [ ]  No**

I allow the researcher access to my records **[ ]  Yes [ ]  No**

 **(List any other procedures relevant to data collection**)

|  |
| --- |
|  |

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 (until such time as it is published or presented) without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports will not, under any circumstances, contain names or identifying characteristics.

I understand that because the case study will describe a very rare event, confidentiality cannot be guaranteed. However, I understand that any information I provide is confidential, and that no identifying information will be disclosed in any reports on the case study, or to any other party.

I understand that reports based on the interview(s) will be kept in a secure storage and accessible to the researcher/s only. I also understand that the reports held by the researcher will be destroyed after publication.

**Date:**

**Name of patient**:

**I,**

 [N*ame of patient, parent/guardian or Senior Available Next of Kin authorised to provide consent*]

Consent for information about me / the patient relating to the case study, to be published in a journal article, or to be used for the purpose of a thesis or presentation.

[Signature *of patient, parent/guardian or Senior Available Next of Kin*]

Relationship to patient (*if applicable*): Parent **🗆** Guardian **🗆** Senior Available Next of Kin **🗆**

Interpreter used        □ Yes   □ No   □ N/A

If yes, provide name, signature and phone contact of Interpreter: