

PATIENT CONSENT FORM

The TYPHOON Study

TONSILLECTOMY POSTOPERATIVE HAEMORRHAGE OUTCOMES AND OBSERVATIONS NATIONAL COHORT STUDY

Patient Identifiable Number:

1.1 Statement by the patients

Please read the following carefully, should you agree, please initial the box:

1. I confirm that I have read and understood the Participant Information Sheet Version 2 dated 26/11/24. I have taken the time to think about the information and ask any questions.

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2. I have understood that my involvement in the study is voluntary and not forced and I am allowed to withdraw my consent to participate at any time without the need to give any reason. I also understand that withdrawal will not impact the quality of care that I receive, nor any of my legal rights. I understand that any data collected up to my withdrawal may still be used.

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3. I have reviewed and agree to complete the Tonsillectomy Outcome Inventory 14 (TOI-14) quality of life questionnaire

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4. I agree to being called after my operation to answer questions about my recovery.

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5. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by representatives from the research team and appropriate regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

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6. I understand in the event I am unable to continue with the study, any information already collected will be used but no further data or additional research procedures will be carried out.

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7. I agree to participate and take part in the study.

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Signature of Participant: _____

Date of signature: _____

Print Name of Participant: _____

Date I read the Patient Information Sheet: _____

1.2 Statement by the researcher taking consent

I have accurately covered the information in this document with the potential participant, and to the best of my ability made sure that the participant understands what the research will involve, their rights of refusal and that it will have no impact on their care if they chose not to participate.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher taking consent:

Signature of Researcher taking consent:

Date:
