

IRAS ID: 243125

Date and version number: Version 1.2,
13.07.2018

Participant Identification Number:

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CONSENT FORM (COPD)

www.leicsrespiratorybru.nihr.ac.uk

Title of Project: Personalised exercise training in COPD – comprehensive phenotyping of exercise training response

Name of Researcher:

Please initial box

- | | |
|---|--------------------------|
| 1. I confirm that I have read the information sheet dated 13.07.18 v1.2 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2. I understand 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. | <input type="checkbox"/> |
| 3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Loughborough University, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4. I agree to identifiable information being transferred securely to Loughborough University | <input type="checkbox"/> |
| 5. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. | <input type="checkbox"/> |
| 6. I understand that my anonymised data will be aggregated for analysis and publication of the results of the study and I will be given a summary of these results | <input type="checkbox"/> |
| 7. I agree to my General Practitioner being informed of my participation in the study. | <input type="checkbox"/> |
| 8. I agree to take part in the above study. | <input type="checkbox"/> |

Name of Participant	Date	Signature

Name of Person taking consent	Date	Signature