

Supplementary material 4: Consent form

ID

ONLINE CONSENT FORM

ACTIB (assessing Cognitive behavioural therapy in Irritable Bowel): A randomized controlled trial of clinical and cost-effectiveness of therapist delivered cognitive behavioural therapy and web-based self-management in irritable bowel syndrome

Chief Investigator: Dr Hazel Everitt

Research team email address: actib@soton.ac.uk

Research team telephone number: 023 80241066

Patient ID:

Please tick the box(es) if you agree with the statement(s):

1.) I have read and understood the information sheet (dated,
version no.) and have had the opportunity to ask questions about the study

yes **no**

2.) I agree to take part in this research project and agree for my data to be used
for the purpose of this study.

yes **no**

3.) I understand that I may be contacted at a later date to take part in an interview
about my experiences of being involved in the study.

yes **no**

4.) I understand that my GP notes will be accessed at the end of the study to gather data
on GP consultations for IBS.

yes **no**

5.) I confirm that I am aware that if I am randomised to the therapist or low intensity CBT trial arm that the telephone sessions will be audio recorded.

yes **no**

6.) I understand that the data I provide may be monitored by a regulatory authority such as the University of Southampton or the NHS trust that is hosting the study.

yes **no**

7.) I understand my participation is voluntary and I may withdraw at any time without my legal rights being affected

yes **no**

8.) I agree to my GP being told about my participation in the study.

yes **no**

9.) I agree to being contacted in the future for any studies related to this one.

yes **no**

10.) I agree to have a blood test and for that sample to be analysed at the Pathology

yes **no**

Laboratory at Southampton General Hospital.

Signed.....Date.....