ONLINE CONSENT FORM


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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 Laboratory at Southampton General Hospital.

   ○ yes ○ no

Signed ___________________________________________ Date ____________________________