



Ethics number:

Centre ID:

Participant's Initials: (If no middle initial insert '-')

Participant's Month & Year of Birth:

Participant Trial ID:

ATAFUTI

A Trial to Investigate Alternative Treatments of Adult Female Urinary Tract Infection.

CONSENT FORM – Main Trial

Name of Researcher: Professor Michael Moore

Please Initial Box

1. I confirm that I have read and understand the participant information sheet (version xx dated xx/xx/xx) for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.
3. I understand that I will be asked to delay taking my treatment of antibiotics.
4. I understand that I have a 1 in 4 chance of receiving no symptom relief treatment.
5. I consent to the collection and use of information about me in accordance with the participant information sheet.

