

## Southampton

Ethic	cs number:	14/SC/1143			
Cent	tre ID:				
Participant's Initials:		(If no middle initial insert '-')			
Participant's Month & Year of Birth:		M M M Y Y Y	Y		
Participant Trial ID:					
		ATAFUTI			
	A Trial to Investigate Alternat	ive Treatments of Adult F	emale Urinary Trac	t Infection.	
	COI	NSENT FORM – Main	Trial		
Nan	ne of Researcher: Professor M	ichael Moore		Please Initial Box	
<ol> <li>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.</li> </ol>					
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 t	o delay taking my treatm	ent of antibiotics.		
4.	I understand that I have a 1 in 4 of treatment.	chance of receiving no syr	mptom relief		
5.	I consent to the collection and u with the participant information		me in accordance		



## (TO BE PRINTED ON LOCAL HEADED PAPER)

6.	I consent to having a pregnancy	test if required.			
7.	I am willing to provide a urine sa urinary infection is present.	ample for laboratory analysi	s to confirm a		
8.	I understand that relevant sections of my medical notes and data collected during the trial may be looked at by responsible individuals from the Sponsor, University of Southampton or Sponsor delegates from the Southampton Clinical Trials Unit, the University of Bristol & the University of Oxford or by regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.				
9.	. I understand that any data collected from me up to the time of my withdrawal may continue to be used in the above study.				
10.	. I agree for my GP to be informed of my involvement in this trial.				
11.	I agree to take part in the above	study.			
<u>Optio</u>	<u>onal</u>				
12. I am willing to be contacted by a research assistant to discuss completion of the diary as explained in the participant information sheet.					
South	he purposes of the Data Protect nampton and any inquiries relating nampton Clinical Trials Unit, MP13	g to your personal informati	on may be addressed to t	he	
Name of Patient		Signature	Date		
Name of Person taking consent		Signature	 Date		
	en completed: riginal) signed consent form to be	kept in researcher site file			

- 1 copy for the participant
- 1 copy to be kept in Medical Notes



