

# **TAVI Recovery Study Consent Form**

## **Welcome**

## **Data Gathering**

This study will gather select health data with your permission.

Health data is gathered to better track your progress.

## **Privacy**

We will follow ethical and legal practice and all information about you will be handled in confidence, although your GP will be notified of your involvement in the study, and your hospital records will have a copy of this information sheet and of your signed consent form. Aside from this, only authorised persons who are part of the research team will have access to your information. We will keep the data collected in anonymised form on our password encrypted computers for up to five years after the study has finished.

## **Data Use**

All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you which leaves the hospital will have any identifying details, such as your name and address, removed so that you cannot be recognised from it. The information that we analyse for the results will also be anonymous. Any information which contains your personal details will be in hard copy form only (not on computers) and will be kept in a locked cabinet accessible only by the researchers. This information will be kept for up to twelve months after the study has been completed, before being destroyed.

## **Time Commitment**

This study will take a few minutes every 2 weeks.

## **Study Survey**

Questionnaires are an important part of this research study. We will ask you to complete fortnightly questionnaires about your health.

## **Study Tasks**

To track your progress, we will ask you to complete 2 simple questionnaires (in one sitting) every 2 weeks.

## **Withdrawing**

You can choose to withdraw from the study at any point, without providing a reason if you do not wish to. If you choose to withdraw from the study, we will destroy all your identifiable information, but we will use the data collected up to the time of your withdrawal.

To withdraw, please contact your doctor.

## Patient Signature

I agree to participate in this study.



William Redwood

03-09-  
2019-  
114806

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Patient's Name (printed)

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Patient's Signature

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Date