



Facilitating informed decision making in haemato-oncology

IRAS ID: 200556

Questionnaire Consent Form

Thank you for reading the information leaflet about our research study. If you think you would like to help, please read and sign this form. Please initial the boxes below if you agree with the statement. The top copy is for you to keep.

Please
initial

1. I have read the enclosed information leaflet (V2, May 2016) and have been given a copy to keep. I have been able to ask questions about the project and I understand why the research is being done.
2. I understand that my participation is entirely voluntary and I am free to withdraw my consent at any time without giving a reason.
3. I am willing to complete the *Improving Patient Information* questionnaires, and understand that my responses will be used for research purposes.
4. I understand that all the information I give will be treated confidentially and will not be released in such a way that I could be identified. I am aware that the data will be used anonymously.

Name (CAPITALS)

Signature

Date