<Insert Site Header>

Centre Number: _____ Study Carer Identification number: _____

CARER CONSENT FORM

A multicentre non-blinded randomised controlled trial to assess the impact of Regular Early SPEcialist symptom Control Treatment on quality of life in malignant Mesothelioma - "RESPECT-Meso"

Name of Principal Investigator: _____

Please initial each box

1. I confirm that I have read and understood the **Carer Information Sheet (version ___) dated ____/____/_____** for the above study. I have had the opportunity to consider the information and ask questions and have 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, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by responsible individuals from the Sponsor or authorised by the Sponsor, regularity authorities, the study team or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
4. I agree to my GP being informed of my participation in the study. ☐
5. I agree to take part in the above study. ☐

_____	_____	_____
Name of Carer	Date	Signature
_____	_____	_____
Name of person taking Consent	Date	Signature

When completed: 1 copy for carer; 1 for study file; 1 (original) for medical notes