

Would you like to be contacted about research?

Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) is involved in health research for the benefit of patients. We'd like to know your view on being contacted about research studies that may be relevant to you, and being invited to take part.

Your decisions about research will never affect the standard of care you receive.

Please read the accompanying leaflet, "Taking part in research". We'll never give researchers information that can identify you without your permission.

If our researchers wish to write to you about relevant research projects, which of these three options would you prefer?

-  **RED. I am not interested in being contacted about research. Don't pass my details on to any researchers outside my clinical team.**
-  **YELLOW. I'm not sure yet. Please ask my CPFT clinicians to consider any requests from research teams and pass them on to me if appropriate. I will choose each time whether researchers can have access to my CPFT records and write to me.**
If you do not express a preference, this is the option that we will assume.
-  **GREEN. I am happy to hear directly from approved CPFT researchers inside or outside my clinical team. Please allow these researchers access to my full CPFT records and allow them to write to me about projects that might be suited to me. I understand that there's no commitment to take part in any particular project.**

If you've chosen Yellow or Green, we will normally contact you by letter. Would you prefer us to e-mail you instead?

- Please use e-mail where possible.

E-mail address: _____

CPFT routinely anonymises information for use in improving health care and for research. You can opt out from the use of your information for research even after all details that could identify you have been removed. Tick below if you want to opt out entirely. This is completely separate from being contacted about research.

- Opt out: don't use my information for medical research, even after all the information that could identify me has been removed.

Please turn over.

Please fill in your details and sign below.

By signing you also agree that the CPFT Research Database Manager (who is independent of any research team) can see the information you provide on this form (but not your medical details), so that they can record your choice and send you a letter of confirmation.

You can tell us at any time if you want to change your preference.

Name: _____ Date of birth: _____
CPFT number: (if known) _____ NHS number: (if known) _____
Address: _____
Signed: _____ Date: _____

Please return this form to The CPFT Research Database Manager, FREEPOST CPFT RESEARCH DATABASE MANAGER. Postage is free, and an envelope is enclosed. You can also give this form to a member of staff at CPFT. If you would like more information from your health care professional before completing this form, please feel free to ask.

If you are under 16:

1. We would like to know your wishes. Please fill in the form above and sign it.
2. If you choose not to consent, we don't need any signature except yours. If you consent, then because you are under 16, we would also like the assent/consent of your parent or guardian. Please show them the accompanying details and this form and ask them to countersign below to indicate that they agree.
3. If you sign to indicate your consent, but refuse to allow your parent or guardian to see and sign, then we must ask your clinician to sign below to confirm that you understand fully what you're signing. We're afraid we can only accept your consent via this form if it's signed by you and your parent/guardian, or you and your clinician.

Thank you!

Parent/guardian: Name: _____ Signed: _____ Date: _____
Clinician: Name: _____ Signed: _____ Date: _____

If you are an adult and another adult is making decisions on your behalf:

1. We would like the person responsible for making decisions on your behalf to fill in the details above, and sign below, ensuring that you yourself don't object to what they've chosen.
2. We need your clinician's signature to confirm that you currently lack the capacity to decide about the question(s) being asked above, and that someone is making decisions on your behalf.*

Thank you!

Representative: Name: _____ Signed: _____ Date: _____
Clinician: Name: _____ Signed: _____ Date: _____

* Note to clinicians: for decisions about clinical trials, this must be the patient's *legal representative*. For decisions about other research studies or the database traffic-light system, this must be the patient's *carer or consultee*. For more details, see www.cpft.nhs.uk/research.htm > CPFT Research Database.