

Participant Trial Number (TNO):

1.1 SITE DETAILS

Site:

1.2 DETAILS OF PERSON COMPLETING THIS FORM

Name:

Telephone:

Email:

1.3 PARTICIPANT DETAILS

1. Participant initials

2. Date of Birth

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1.4 CONSENT

1. Date informed consent form received from participant

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2. Was informed consent received in person or remotely?

In Person

Remotely

3. Name of person obtaining informed consent:

4. Which version of the PIS was used? Version: _____

5. Which version of the ICF was used? Version: _____

6. Has the participant consented to be contacted about an interview?

Yes

No

7. Has the participant consented to be contacted about future research?

Yes

No

8. What is the participants preference for completing questionnaires?

Paper

Electronic

*N.B. Questionnaires **must** be completed prior to randomisation.*

TO BE COMPLETED AFTER REGISTRATION

(please also record the participant trial number of the form header)

Participant Trial Number (TNO)

Form completed by

Printed name:

Signature:

Date signed:

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