Participant study number					

Consent form

BICS
Bisoprolol in COPD Study

Please initial

By initialling each box and signing this form, I confirm that:

1. I have read and understand the information leaflet Version No: …….. Date: …….. for the above study. I have had the opportunity to consider the information, ask questions and have had 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. Data collected up until the point of withdrawal may still be used in analysis. ☐

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Aberdeen, from regulatory authorities if appropriate, or from the NHS Board/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 that my GP, my hospital consultant and the person I have nominated as my best contact may be told that I am taking part in this study. ☐

5. I agree that I may be contacted by the study team for future ethically approved studies. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the data protection act and its replacement, the general data protection regulation. ☐

6. I understand that relevant data collected for the purpose of the trial together with personal contact details will be confidentially and securely stored by the University of Aberdeen for no less than 25 years. I agree for my information to be stored on computer servers maintained by the University of Aberdeen. I understand that my contact details will be shared with the central Clinical Trials Pharmacy and the company that will deliver the study medication to my home. I agree that the study co-ordinators can use my contact details to send me study questionnaires and to contact me by telephone or post or email or text. ☐

7. I understand that the information collected about me may be shared anonymously with other researchers to support future research ☐

8. I agree to take part in the above study. ☐

Name of participant	**Date**	**Signature**

Name of researcher	**Date**	**Signature**

Copies: Original for research site file; copies for participant, medical notes and trial office

BICS study office, Centre for Healthcare Randomised Trials (CHaRT), Health Services Research Unit, University of Aberdeen, Scotland AB25 2ZD; Tel 01224 438178; 01224 438165; bics@abdn.ac.uk.