

Consent Form

Full Title of Project: Comparison of health outcomes of a remote monitoring programme versus usual care in Interstitial Lung Disease

IRAS number: 301636

Name of Principal Investigator: Dr Melissa Wickremasinghe

Version 3.3 Date: 21st December 2023

Please initial to indicate your consent with the statements below.

Please initial box

- | | | | | | | |
|--------------------------|---|--|-----|----|--------------------------|--------------------------|
| 1. | I confirm that I have read and understand the patient information sheet dated ... version ... for the above study and have had the opportunity to ask questions which have been answered fully. | <input type="checkbox"/> | | | | |
| 2. | I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected. | <input type="checkbox"/> | | | | |
| 3. | I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. | <input type="checkbox"/> | | | | |
| 4. | I give permission for these individuals to access my records that are relevant to this research. | <input type="checkbox"/> | | | | |
| 5. | I understand that relevant sections of my data collected in the study may be looked at by authorised individuals from Imperial College London, University College London and the research group at patientMpower Ltd. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study for up to 5 years. I understand that my personal details will be kept confidential. | <input type="checkbox"/> | | | | |
| 6. | I give consent for any information collected about me to be used to support other research in the future, including those outside of the EEA. | <table border="0" style="margin: auto;"> <tr> <td style="padding: 0 10px;">yes</td> <td style="padding: 0 10px;">no</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | yes | no | <input type="checkbox"/> | <input type="checkbox"/> |
| yes | no | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 7. | I understand that my name, postal address, telephone number and email address will be shared with patientMpower Ltd.
This information will be retained until the analysis of the project is complete and will then be deleted. | <input type="checkbox"/> | | | | |
| 8. | I understand that in order to conduct this study, the research team and the intervention providers may need to share personal information about me, such as my contact information and details of my health status with each other. | <input type="checkbox"/> | | | | |
| 9. | I understand that this data will only be used for research purposes or to ensure I receive the best clinical care and I give permission for my personal information to be used in this way.
I understand that information about me will be shared with Sealed Envelope Ltd and Insignia Health plc in order to carry out the study. I understand that I will not be able to be identified from this information. | <input type="checkbox"/> | | | | |
| 10. | I consent to take part in the above study. | <input type="checkbox"/> | | | | |

