



Consent form FIT-Poo Test Study

Please initial each box

1. I confirm that I have read the FIT-East Study patient information sheet Area N **V2 dated 11/04/2019** for the FIT-East Study. I have had the opportunity to think about the information, ask questions and have answers that I have understood.

2. I understand that my taking part is voluntary and that I am free to withdraw at any time without giving a reason, and without my medical care or legal rights being affected.

3. I understand that relevant sections of my primary and secondary care medical notes and other data collected during the study, may be looked at by individuals from the University of Cambridge, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

4. I understand that the information held and maintained by national registries may provide information about my health status.

5. I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the study team.

6. I give permission for the anonymous data that I provide to be stored securely, and to be used and shared for future research and learning.

7. I agree to take part in this study.

8. I give my consent to be contacted for a possible face to face conversation as part of the study. **(Please leave this box empty if you do not wish to take part in the conversation)**

Patient's name _____ Date of Birth _____

Name of GP surgery _____

Patient's signature _____ Date _____

What is the best way to send you the questionnaire?

By email Please provide your email address

By post Please provide your postal address, including postcode
