

Informed Consent Form: Identifying Patient priorities for reseArch in global surgery through a qualitative exploratiON of patients' cAre experiences in low- and middle-income countries (PANDA), Version 1.0, 17th September 2021

PATIENT STICKER	PANDA Study Number																
	Centre Name		_____														
	Participant Contact Number(s)																
	Patient Date of Birth		d	d	m	m	y	y	y	y							
#	Statement (please read)										Patient <i>(initial or thumb print each box)</i>						
1	I have read the Patient Information Sheet for the PANDA study in a language I can understand (version ____) and have had the opportunity to consider the information and ask questions.																
2	I understand that my participation in this study is voluntary and that I may leave the study at any time, without giving a reason.																
3	I understand that a copy of this consent form and information about me will be kept safely by study coordinators at my local hospital, and that this information will be transferred to University of Birmingham (UK) for use in the PANDA study.																
4	I understand that taking part in this study will involve completing a verbal or written questionnaire.																
5	I understand that if I answer the questions verbally, my responses will be recorded electronically and transcribed verbatim.																
6	I agree to take part in the above study and for this to be recorded in my personal health record.																
7	I also agree to information about me related to the study being stored on a secure computer system and understand that this will be backed-up in a separate location to keep my information safe.																
8	I understand that I may be contacted about in the future about the PANDA study and may be asked further questions about my involvement in this study. I am happy to share my details for the purpose of this related research, including being invited to be part of a voluntary 'patient involvement' group to help doctors to plan future research.																
Name of participant					Name of research staff taking consent												
Signature (or thumb print) of patient					Signature of research staff												
Date form signed (or thumb printed) by patient:					Date form signed by research staff:												
d	d	m	m	y	y	y	Y		d	d	m	m	y	y	y	y	