

**Participant Consent to Contact Form**

|  |  |
| --- | --- |
| **Title** |  |
| **Short Title** |  |
| **Protocol Number** |  |
| **Project Sponsor** |  |
| **Coordinating Principal Investigator** |  |
| **Principal Investigator** |  |
| **HREC Reference** |  |
| **Location** |  |

Study description

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE PRINT) hereby consent to be contacted by researchers from XXXX who are conducting the research project titled: ***Title.***
2. I acknowledge that I would like to receive the study information sheet and be contacted regarding potential participation in the project.
3. I understand that my involvement with this study (including consenting to be contacted now and potentially participating in the future) is voluntary and in no way limits my right to receive treatment from the XXXXXXXX. I also understand that in no way will my access to treatment by hospital staff be affected by declining to be involved in the study.

This study has been reviewed and approved by the add reviewing HREC Human Research Ethics Committee. Should you wish to discuss the study in relation to your rights as a participant, or should you wish to make an independent complaint, you may contact the HREC by telephone: XXXXXX or Email: XXX. Alternatively, you can contact the Metro North Research Governance Office via telephone 07 3647 9550 or Email: [MetroNorthResearch-RGO@health.qld.gov.au](mailto:MetroNorthResearch-RGO@health.qld.gov.au)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signed: |  |
| Phone number: |  |  |  |
| Email address: |  |  |  |

**Metro North Site Contact**

Site Contact: Name

Phone:

Email: