Information about research study and participant consent form for participation in research study.

Study Number:
Date:

Study Title:

Name of Chief Investigator: Dr. Rory O' Brien

Contact Number for Chief Investigator:

You are being asked to participate in a research study. The clinical staff at CUH and CUMH study the nature of mental illness and attempt to develop improved methods of diagnosis and treatment. In order to decide whether or not you want to be a part of this research study, you should understand enough about its risks and benefits to make an informed judgment. This process is known as informed consent. This consent form gives detailed information about the research study. The Chief Investigator will also discuss the study with you in detail. When you are sure you understand the study and what will be expected of you, you will be asked to sign this form if you wish to participate.

NATURE AND DURATION OF PROCEDURE(S):

This study aims to collect data on the numbers of

Data collected will be anonymous and will not contain any patient identifiers. The personal information of you/your child/ will not be used in this research or its subsequent publication to a scientific journal. Information on the date of attendance, presentation, reasons for referral and referral pathway outcomes will be recorded in numerical format. No other information will be collected.

The purposes of this study is to

This data will be disposed of safely five years following research.

<u>You can remove your consent to take part in this research at any point during the study. There is no pressure on you to consent to this research study.</u>

The chief investigator, Dr. Rory O' Brien, will oversee this research.

The researchers, Dr. Eimear O' Neill, Dr. Aniqa Bano and Ciara Shine will collect this data and store it safely.

The other researcher involved Dr. Mohammad Dzulkarnain will interpret the data and aid in the literature review and writing of the research article.

POTENTIAL RISKS AND BENEFITS:

There is no risk that data will be misplaced as data will be stored safely and securely in CUH. Data will only be accessed by the researchers involved in the study. Patient identifiers including hospital number, name, date of birth, address or contact details or guardians name, date of birth, address or contact details will not be collected or used within this research.

Benefits include the information gained on

POSSIBLE ALTERNATIVES:

You may choose not to participate, participation is voluntary.

AGREEMENT TO CONSENT

The research project has been fully explained to me. I have had the opportunity to ask questions concerning all aspects of the project. I am aware that participation is voluntary and that I may withdraw my consent at any time. I am aware that my decision not to participate or to withdraw will not restrict my access to health care services normally available to me. Confidentiality of records concerning my involvement in this project will be maintained in an appropriate manner. I understand that investigators have such insurance as is required by law in the event of injury resulting from this research.

I, the undersigned, hereby consent to participate as a subject in the above described project conducted at CUH, Wilton, Cork. I have received a copy of this consent form for my records. I understand that if I have any questions concerning this research, I can contact the primary investigator listed above. I understand that the study has been approved by the Cork Research Ethics Committee of the Cork Teaching Hospitals (CREC) and if I have further queries concerning my rights in connection with the research, I can contact CREC at Lancaster Hall, 6 Little Hanover Street, Cork, 021 4901901 or email crec@ucc.ie.

Answer yes or no or insert tick boxes

I have read and understand the study:

I agree to participate in this research:

I grant permission for the data collected to be used in this research only:

I understand that my anonymised data will be stored at Eist linn unit for five years:

Signature of Study Participant: _____

Guardian Signature (if participant under 18 years old at time of study):_____

Chief Investigator Signature: _____

Date: _____

Template for collection of study information

Title:

Patient number:
Date:

Informed consent achieved from participant: YES NO

Referral date:
Referral to:

Discharge date: