

**IRAS ID: 307899**

| **LISA STUDY: INTERVIEW CONSENT FORM** |
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**Title:** **Is the naturally occurring prebiotic Lactoferrin an acceptable alternative to antibiotic tablets for women with bacterial vaginosis or thrush?** The **LISA** (**L**actoferrin **I**n**S**tead of **A**ntibiotics) randomised feasibility study.

**Chief Investigator: Dr Pippa Oakeshott**

Thank you for considering taking part in this interview. The person organising the research must explain the outline of the interview to you before you agree to take part. If you have any questions arising from the Participation Information Sheet or explanation already given to you, please ask the researcher before you decide whether to participate. You will be given a copy of this Consent Form to keep and refer to at any time.

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| ***This section requires your consent for us to carry out the interview research with you. By initialling each box, you are consenting to this element of the study. It will be assumed that un-initialled boxes mean that you DO NOT consent to that part of the study and you may be deemed ineligible for the study.*** | |
| **Researcher: Dr Pippa Oakeshott ID No Please**  **initial box** | |
| I confirm that I have read and understood the participant information sheet dated 1 3 22 for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason and without being disadvantaged in any way. Furthermore, I understand that I will be able to withdraw my data up to point of data analysis. |  |
| I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with current data protection regulations. |  |
| I understand that my information may be subject to review by responsible individuals from the sponsor and/or regulators for monitoring and audit purposes. |  |
| I understand that I am agreeing to take part in the interview for the purposes set out in the participation information sheet and I understand that these will be recorded using electronic audio. I understand the transcript will be available upon request. |  |
| I understand that I may be quoted directly in the reports of the research, but I will not be directly identified (i.e. that my name will not be used). |  |

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Full Name of Participant in capitals Date Signature

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Name of person taking consent Date Signature