PROMIs e III: Consumer Consent Form

Documenting Clinical Interventions in Community Pharmacy – PROMIs e III (Pharmacy Recording of Medication Incidents and Services in an electronic fashion)

1. I have read and understood the 'Information Sheet' for this project.
2. The nature and possible effects of the study have been explained to me.
3. The study is focused on learning more about the activities of pharmacists and how to improve their contribution to health care. I understand that the study involves me allowing the University to contact me regarding the pharmacist’s clinical service that I have been subjected to in order to discuss the service and its outcomes.
4. I understand that participation does not involve any foreseeable risk(s) at this stage.
5. I understand that all research data will be securely stored on a computer at the University of Tasmania premises for at least five years and will be destroyed when no longer required. I further understand that the data may be required for the national implementation of the PROMIs e system in the future.
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered from me for the study may be published provided that I cannot be identified as a participant.
8. I understand that the researchers will maintain my identity confidential and that any information I supply to the researcher(s) will be used only for the purposes of the research or nationwide implementation of the PROMIs e system.
9. I agree to participate in this investigation and understand that I may withdraw at any time without any effect and I can request any data I have supplied to be withdrawn from the research.

Name of Participant

________________________________________

Contact Phone Number

________________________________________

Signature of Participant

________________________________________ Date ____________

Statement by Investigator

The participant has received the Information Sheet where contact details have been provided so participants have the opportunity to contact the research team prior to consenting to participate in this project.

Name of Investigator  Mackenzie Williams

________________________________________ Date 22/7/09

Signature of Investigator