PHARMACIST CONSENT FORM
PROMISe III Project
Observational Sub-Study

Between:
PROMISe Project,
School of Pharmacy
University of Tasmania
Private Bag 26
Hobart TAS 7001
(The PROMISe Project)

And:
Pharmacist name:
Pharmacy name and approval number:
(The Pharmacist)

The Pharmacist understands that:
• All information regarding the PROMISe project and the observational sub-study has been read and understood.
• The nature and possible effects of the study have been explained to me and any questions I have asked have been answered to my satisfaction.
• Involvement in the Observational Sub-study involves a trained pharmacist observer being present and recording details of interventions involving prescriptions and OTC medicines for five days. The trained pharmacist observer will also undertake a time and motion analysis of the pharmacy.
• The trained pharmacist observer may also recruit consumers for the consumer sub-study.
• I will not disclose any information regarding the documentation system or any personal data collected to persons not involved with the PROMISe trial.
• Researchers will keep my identity confidential and that any information I supply to the researcher(s) will be used only for the purposes of the research. Any data gathered from me for the study may be published provided that I cannot be identified as a participant.
• I agree to participate in this investigation and understand that I may withdraw at any time without any effect, and if I so wish, may request that any data I have supplied to date be withdrawn from the research.

The PROMISe Project agrees to:
• Provide the pharmacist with a $50 Coles/Myer gift voucher.
• Provide adequate access to training modules and technical help if required.
• Maintain the confidentiality of all data that is collected. All patient and pharmacy specific information will be de-identified before analysis. Any publications that arise from this work will not include any information that will enable identification of individual patients, pharmacies or pharmacists. All data collected by the repository will be transferred to the School of Pharmacy on completion of their contract and will only be accessible to researchers for research purposes. All research data will be securely stored on the University of Tasmania premises and will be destroyed when no longer required.

Signed: ___________________________ Date: ___________________
Pharmacist (as named above)

Signed: ___________________________ Date: __/__/__
Les Vincent
PROMISe III Project Manager on behalf of the University of Tasmania

Fax: 03 6226 8534

Funding: This project program is funded by the Australian Government Department of Health and Ageing as part of the Fourth Community Pharmacy Agreement through the Research and Development Fourth Community Pharmacy Agreement Grants Program managed by the Pharmacy Guild of Australia.