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**SUMMARY PARTICIPANT INFORMATION SHEET**

**<ENTER TITLE TO MATCH PROTOCOL>**

This information sheet is intended to provide summary information regarding the [STUDY TITLE] trial. Please refer to the Main Patient Information Sheet for a more detailed description of the trial procedures, risks and information on how your data will be stored and used

**You are being invited to consider whether you agree to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others or ask the research team any questions.**

**What is the purpose of the study?**

*[Please provide a simple explanation about the purpose of the study. This should be a brief description of a couple of lines]*

**How would you decide who gets the [*treatments/devices amend as appropriate]*?**

*Explain what you are trialling, how any study treatments will be allocated, how any treatments might be given. Example of wording below:*

We are trialling a number of new drugs – currently we have identified two potential treatments, but we may identify others in future. If you decide to take part in the trial, the research team will confirm which drugs would be suitable for you and you will then be randomly allocated (by a computer) to either one of the trial drugs or to continue with standard medical care only. If you are allocated to receive a trial drug, this will be given in addition to the usual care at your hospital. Trial treatments will be drugs that can be swallowed, inhaled or injected.

**Taking part**

*You do not have to take part in this research. We have approached you as you have [give a simple explanation of why they have been chosen]. If you agree to take part we will ask you to sign a consent form and ask for some information about your medical history. Once allocated to a trial treatment or standard care, we will [give a brief explanation of the tests that will be performed during the study, and the timelines for completing these tests]. We will then also conduct follow-up visits (if applicable) [explain how the patient will be FU (face to face/in person) and what will happen at these visits.*

**Study treatment**

*Provide an explanation of what’s being tested. Explain how these treatments are allocated, describe how they are given, any side effects, any additional procedures.*

*These will be explained in person and are also detailed in the main [STUDY TITLE] Patient Information Sheet provided. Throughout the trial, you will be monitored for any side effects and the trial treatment will be stopped if necessary.*

**Disadvantages**

*The study treatments may have some side effects, [explain if these are e.g. mild] and detailed in the main patient information sheet. Other disadvantages may include [having to provide samples and undergo a scan] (delete as appropriate or add additional tests). (IF BLOOD SAMPLES ARE TAKEN) All sample taking will be carried out by experienced doctors and nurses and will be undertaken to minimise any discomfort. The other (scans and tests DELETE AS APPROPRIATE) will be thoroughly explained to you both before and during being carried out.*

**About your Data (*HRA wording not to be changed)***

In this research study we will use information from [you [your medical records] [your GP] [**OTHER**].

We will only use information that we need for the research study. We will let very few people know your name or contact details, and only if they really need it for the study.

Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules.

At the end of the study we will save some of the data [in case we need to check it] **AND/OR** [for future research]

We will make sure no-one can work out who you are from the reports we write

The Patient Information Sheet will tell you more about this

**You can withdraw from the trial at any point and do not have to provide a reason.**