

Dear research participant

By completing this form and sending the information to us, you are consenting for University Hospital Southampton NHS Foundation Trust (UHS) and University of Southampton (Univ. Soton) staff working at Southampton Centre for Biomedical Research (SCBR) to contact you about research projects we are recruiting for and to provide you with information about events for research participants.

The purpose of the research participant database is to record the contact details and brief medical information of persons who have agreed to be contacted about our research projects. We run about 10 projects a year and when we require research participants we have a tight timescale to recruit and get participants onto our projects. To help reduce the time spent recruiting we have created the Research Participant Contacts Database.

There are inclusion and exclusion criteria for all research projects. This is often based on the medication, medical history and sometimes the age and sex of participants. The personal and medical information participants provide, especially where related to respiratory ability can help us identify the most suitable persons for our research projects. This saves us time and benefits the research participant as we only contact those we feel suitable based on information provided to us.

The personal information, i.e. contact details, medication and health information provided is recorded on our password protected database. Access to this is restricted.

Please complete the contact details information sheet and return it to me Andrew Reid, research participant recruitment at RBRU
Scan and email form to: getinvolved@uhs.nhs.uk.
Or post to:

Andrew Reid
Respiratory Participant Recruitment
NIHR Respiratory Biomedical Research Unit
Southampton Centre for Biomedical Research
Mailpoint 218, C Level, West Wing
University Hospital Southampton
Tremona Road
Southampton SO16 6YD

Research Participant Contact Database – Self Completion Form

Privacy notice

1. Data Storage

The database is located on University Hospital Southampton servers' that are password protected and backed-up nightly to ensure data is safe and secure.

2. Who has access to the database?

The database is password protected and access is restricted to:

- Research participant recruitment specialist
- Senior research nurses
- Research staff specifically authorised by research participant recruitment specialist

3. What will the information be used for?

- When research nurses and research clinicians require participants for clinical trials and research projects the database will be the first place to begin their search. Researches can specify the types of participants required taking account of medical condition and medication, age, gender and availability. Based on these queries a report is produced with research participant contact details.
- Research staff contact the participants to promote the research opportunity and where the participant is interested the projects patient information is sent to them so they may fully consider whether to take part

4. Keeping participant details updated

- We aim to ensure the database is updated by emailing all participants at least 6 monthly with an email-newsletter where we will encourage participants to tell us about any changes in their contact information i.e. address, phone numbers and email.
- We also encourage participants to inform us at any time when their personal or contact details change. Medical and medication details will be checked if screened for participation in a research project.
- At a participants request we can render their status 'inactive' if a participant doesn't want to be contacted for a while and a participants details will be deleted / removed from the database at their request.
- Where a participant cannot be contacted and there has been no update of their details for 3 years their record will be deleted.

5. Sharing information with others

- Participants personal details will not be shared with others without their consent. We may share anonymized information about participants to other health research organisation but this will not include any details whereby an individual could be contacted.
- We may contact you on behalf of other health research organisations where we feel you may be able to assist with a specific project.

Research Participant Contact Database – Self Completion Form

Mr/Mrs/Miss/Ms/Dr		Surname				
Male / Female <i>enter M or F</i>	<input type="checkbox"/>	First Name				
		Date of Birth				
Hospital Number (if known)						
Contact Details						
Address						
Post Code						
Telephone:						
Day			Evening			
Mobile						
E mail						
Alt Email						
GP details						
Name of GP						
Surgery Name						
Address						
Post Code			Tel: No:			
Please tell us how you heard about our research data base (i.e. Newspaper, Radio, Friend, another study, web site, presentation)						
To help us identify your suitability for our research projects please provide details of:-						
Smoking History (Please tick & enter details as appropriate)						
Smoker	<input type="checkbox"/>	How many per day?		Over how many years?		
Ex smoker	<input type="checkbox"/>	Gave up (approx. Date)		How many per day?	Over how many years	
Never Smoked	<input type="checkbox"/>					
Do you have any of the following? (Please tick where appropriate)						
Asthma	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	Chronic Obstructive Pulmonary disease	<input type="checkbox"/>	
Allergies throughout the year	<input type="checkbox"/>	Emphysema, bronchitis	<input type="checkbox"/>	Eczema or allergic dermatitis	<input type="checkbox"/>	

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Are you allergic to any of the following? (Please tick or enter details as appropriate)

Tree Pollens <input type="checkbox"/>	Cats <input type="checkbox"/>	Dogs <input type="checkbox"/>	
Grass <input type="checkbox"/>	House dust mite <input type="checkbox"/>	Other <input type="checkbox"/>	

What Inhalers are you on? (Please tick or enter details as appropriate)

Name of Drug	Dosage	How many times per day (ie 2 puffs twice a day: 2 x 2)
Ventolin (Salbutamol) <input type="checkbox"/>		
Bricanyl (Terbutaline) <input type="checkbox"/>		
Clenil (Beclomethasone) <input type="checkbox"/>		
Qvar (Beclomethasone) <input type="checkbox"/>		
Asmabec (Beclomethasone) <input type="checkbox"/>		
Becodisk (Beclomethasone) <input type="checkbox"/>		
Pulmicort (Budesonide) <input type="checkbox"/>		
Budelin (Budesonide) <input type="checkbox"/>		
Alvesco (Ciclesonide) <input type="checkbox"/>		
Flixotide (Fluticasone) <input type="checkbox"/>		
Atimos (Formoterol) <input type="checkbox"/>		
Foradil (Formoterol) <input type="checkbox"/>		
Oxis (Formoterol) <input type="checkbox"/>		
Neuvent (Salmeterol) <input type="checkbox"/>		
Serevent (Formeterol) <input type="checkbox"/>		
Fostair (combined) <input type="checkbox"/>		
Symbicort (combined) <input type="checkbox"/>		
Seretide (combined) <input type="checkbox"/>		
Spiriva (Tiotropium) <input type="checkbox"/>		
Atrovent (Ipratropium) <input type="checkbox"/>		

Other medication? Please continue on separate sheet if more space required, please sign and date each additional page

Consent and Data Protection Information

Please sign (or type your name) and date the form below giving your consent for this information to be stored electronically on our confidential database and to you being contacted by UHS & Uni Southampton staff at SCBR.

You are under no obligation to participate in clinical trials, research projects or other events about which we contact you and your personal details can be removed from the database at any time if you request us to do so.

If you have any queries please call Andrew Reid on: 023 8079 8548 or email getinvolved@uhs.nhs.uk. We conform to the Data Protection Act 1998

We would like to keep you updated as to what we are doing by email newsletter. If you Do Not want to receive the newsletter please tick the box

Signature:		Date:	
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Please scan & email to getinvolved@uhs.nhs.uk
or post to address on the letter