

Consent form**Please initial boxes**

1. I have read and had explained to me by Georgios Karampatakis the accompanying Participant Information Sheet relating to the study with title: **‘Patients’ experiences of general practice-based pharmacists’**. ☐
2. I have had explained to me the purposes of the study and what will be required of me, and any questions I have had have been answered to my satisfaction. I agree to the arrangements described in the Participant Information Sheet in so far as they relate to my participation. ☐
3. I have had explained to me what information will be collected about me, what it will be used for, who it may be shared with, how it will be kept safe, and my rights in relation to my data. ☐
4. I understand that my participation is voluntary and that I have the right to withdraw from the study any time prior to data analysis, and that this will be without detriment. ☐
5. I understand that the data collected from me in this study will be preserved and made available in anonymised form, so that they can be consulted and re-used by others. ☐
6. I agree to the interview being audio-recorded. ☐
7. I have received a copy of this Consent Form and of the accompanying Participant Information Sheet. ☐

This study has been reviewed by a NHS Research Ethics Committee and the Health Research Authority (Integrated Research Application System Project ID: 241663) and has been given a favourable ethical opinion for conduct.

Participant details

Name of Participant: _____

Signature: _____ Date: _____

Interviewer details

Name of Interviewer: _____

Signature: _____ Date: _____

I would like to be informed of the study findings by having a report sent to me by the research team.

Please tick ☐ (optional)

If you tick the box above, please provide us with a valid e-mail (preferred) or postal address:

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