

| Title | Study protocol; Thyroid hormone replacement for untreated older adults with subclinical hypothyroidism - a randomised placebo controlled trial (TRUST) | | |
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| Publication date | 2017-02-03 | | |
| Original Citation | Stott, D.J., Gussekloo, J., Kearney, P.M., Rodondi, N., Westendorp, R.G., Mooijaart, S., Kean, S., Quinn, T.J., Sattar, N., Hendry, K. et al (2017) 'Study protocol; Thyroid hormone replacement for untreated older adults with subclinical hypothyroidism-a randomised placebo controlled trial (TRUST)', BMC Endocrine Disorders, 17(6), pp.1-17. doi:10.1186/s12902-017-0156-8 | | |
| Type of publication | Article (peer-reviewed) | | |
| Link to publisher's version | 10.1186/s12902-017-0156-8 | | |
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| Download date | 2024-12-30 17:14:58 | | |
| Item downloaded from | https://hdl.handle.net/10468/3751 | | |



University College Cork, Ireland Coláiste na hOllscoile Corcaigh

Appendix 4. Patient consent form for randomisation.

Country: UK version 4.0 August 2014

Patient Identification Number for this trial:

CONSENT FORM FOR RESEARCH STUDY

Title of Project: Thyroid hormone replacement for subclinical hypothyroidism - the TRUST study.

Name of Researcher:

| | | | ase initial confirm |
|--|---|---|------------------------|
| I confirm that I have read and understood the information sheet dated | | | |
| I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | | | |
| I understand that my participa Without giving any reason, wit | | nat I am free to withdraw at any time, or legal rights being affected. | |
| Study may be looked at by resp Greater Glasgow and Clyde and | oonsible individuals fro d the regulatory author | tes and data collected during the om the University of Glasgow, NHS rities, where it is relevant to my taking iduals to have access to my records. | |
| I agree to provide a blood sample for storage of my genes (DNA) for future research on inherited factors contributing to ill health in later life. | | | |
| I agree to provide a further small sample after one I year for storage for future research on the effects of thyroid hormone. | | | |
| I agree to my GP being informed of my participation in this study. | | | |
| I agree to take part in the above research study. | | | |
| Name of Patient | Date | Signature | |
| Name of Person Taking consent (if different from researcher) | Date | Signature | |
| | | | |

Researcher Date Signature

When complete, 1 copy for patient: 1 copy for researcher site file: 1 (original) to be kept in medical notes.

Researcher

When

notes.