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Cartlann Taighde Oscailte Chorcaí

Title	Study protocol; Thyroid hormone replacement for untreated older adults with subclinical hypothyroidism - a randomised placebo controlled trial (TRUST)
Authors	Stott, David J.;Gussekloo, Jacobijn;Kearney, Patricia M.;Rodondi, Nicolas;Westendorp, Rudi G. J.;Mooijaart, Simon P.;Kean, Sharon;Quinn, Terence J.;Sattar, Naveed;Hendry, Kirsty;Du Puy, Robert S.;den Elzen, Wendy P. J.;Poortvliet, Rosalinde K. E.;Smit, Jan W. A.;Jukema, J. Wouter;Dekkers, Olaf M.;Blum, Manuel R.;Collet, Tinh-Hai;McCarthy, Vera J. C.;Hurley, Caroline;Byrne, Stephen;Browne, John P.;Watt, Torquil;Bauer, Douglas C.;Ford, Ian
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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

APPENDIX 2. Participant consent form for screening.

Country: UK version 4.0 7th August 2014

Screening Number:

CONSENT FORM FOR SCREENING FOR RESEARCH STUDY

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

Name of Researcher:

Please initial to confirm

- I confirm that I have read and understand the information sheet dated ..... (version ...) for screening for the above study. ☐
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐
- I agree that relevant sections of any of my medical notes and data collected for screening for this study may be looked at by responsible individuals from the University of Glasgow, NHS Greater Glasgow & Clyde and from the regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records including from primary care, secondary care and any electronic records including prescribing and dispensing and laboratory data as described on the patient information sheet. ☐
- I agree that paper and computerised records held by the NHS and electronic records maintained by the General Register Office may be used by the University of Glasgow to follow up my future health status linking up these different sets of information. ☐
- I agree to my GP being informed of my screening for participation in the study. ☐

- I agree to be screened for possible participation 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.