



**Informed Participant Consent Form**

**Research Project: Prognostic factors for outcomes of idiopathic Sudden onset Sensorineural Hearing Loss: the SeaSheL national prospective cohort study**

Thank you for taking an interest in participating in this research.

Please complete this consent form after you have read the Participant Information Sheet or after having the project explained by a Researcher. If you have any questions, please ask the researcher before you decide to join.

You will be given a copy of this Consent Form and the Participant Information sheet to keep and refer to.

	Please initial if you agree
1. I have read the Information Sheet (Version 1.0) for this study and/or have had details of the study explained to me and I understand what the study involves (i.e. I understand the risks and benefits of participating in the study).	
2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point	
3. I wish to voluntarily participate in the study under the conditions set out in the Participant Information Sheet and I understand that I am free to withdraw from the study at any time. I do not need to give a reason for my withdrawal and there will be no effect on my medical care or legal rights.	
4. I agree to provide information to the researchers with the understanding it will be treated as strictly confidential under the Data Protection Act 2018.	
5. I consent to allowing the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for other research purposes. This is optional.	
6. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Name (Printed):** \_\_\_\_\_

**Researcher's contact details:** (Name, address, contact number of investigator)

**Researcher's Signature and Name (Printed):** \_\_\_\_\_