

**Views and experiences Of primary Care pEnicillin allergy de-labelling
(ALABAMA-VOICE study)**

HEALTH CARE PRACTITIONER (HCP) INTERVIEWS
Verbal Informed Consent Form

Chief Investigator: Professor Sue Pavitt, University of Leeds

Research team address: Catherine Porter, School of Dentistry, The University of Leeds,
Room 6.090, Worsley Building, Clarendon Way, Leeds, LS2 9LU, United Kingdom

Email: c.e.porter@leeds.ac.uk Work mobile: 07596 886 490

Participant Study ID:

If you are happy to take part in this study and to give your verbal consent, I will read out the Informed Consent Form that you have received a copy of. Please answer 'yes' or 'no' to each of the questions

Initial if confirmed

- | | | |
|------|---|--------------------------|
| 1. | I confirm that I have read and understand the participant information sheet version [insert version and date] and that I have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. | I agree to take part in this research study and understand that all my details will be kept confidential and a unique participant ID number will be used. | <input type="checkbox"/> |
| 3. | I understand that the interview will be audio-recorded and that the interview will be transcribed by an independent company who will transcribe the interview verbatim. | <input type="checkbox"/> |
| 4. | I understand that my participation is voluntary and that I am free to withdraw at any stage without giving reasons and without my legal rights being affected. If the audio recording of my interview has been transcribed at the point of withdrawal it will still be included in the research. If the recording has not been transcribed at the point of withdrawal, then my data will not be used. | <input type="checkbox"/> |
| 5. | I give permission for anonymous quotes from the interview to be included in reports of the findings from the research. | <input type="checkbox"/> |
| 6. | I understand that data collected during the study may be looked at by individuals from the research team from the Universities of Leeds and Oxford for up to 5 years after the study has ended, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my interview data. | <input type="checkbox"/> |
| 7. | I understand that data collected during the study, may be accessed by the Sponsor and/or Regulatory authorities as relevant for audit/monitoring purposes where it is relevant to my taking part in this research. I give permission for these individuals to have access to my interview data. | <input type="checkbox"/> |
| 8. | I give permission for UK researchers to use anonymous data collected as part of this study for ethically approved future research for up to 5 years after the study has ended. | <input type="checkbox"/> |
|
 | | |
| | <i>OPTIONAL</i> | |
| 9. | I give permission for the research team to contact me after the study has ended to share the research findings. | <input type="checkbox"/> |

Name of Participant (Print)

Date

Name of Person Receiving Consent

Signature

Date

No signature obtained from the participant as verbal consent taken by telephone/audio teleconference.