

Methotrexate Oral Or SubcutanEous for RA

The **MOOSE** Study

**Participant Interview Informed Consent Form**

Name of Participant	
Participant Trial ID	

		Please <b>initial</b> box
1.	I confirm that I have read and understand the Participant Interview Information Sheet, Version <insert version number> dated <insert PIS date> for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw, then the information collected so far cannot be deleted and that this information may still be used in the trial analysis.	
3.	I understand that relevant sections of my data collected in the trial may be looked at by authorised individuals from the Nottingham Clinical Trials Unit (University of Nottingham), the Sponsor (University of Nottingham), NHS bodies, the trial research group and regulatory authorities where it is relevant to my taking part in this trial. I give permission for these individuals to have access to these records and I understand that my personal details will be kept confidential.	
4.	I give permission for the Nottingham Clinical Trials Unit, the Sponsor, and the trial research group to collect, store, analyse and publish anonymised information obtained from my participation in this trial.	
5.	I understand that the recordings and anonymised transcripts will be stored securely for a minimum of 10 years after the end of the study declaration, and that the anonymised transcripts may be re-used by researchers in the future.	
6.	I understand that quotes from the transcripts may be included in future reports or publications, but that these will be anonymous and I will not be identified.	
7.	I give permission for a copy of this signed consent form to be sent to and be retained by Keele University and the Nottingham Clinical Trials Unit.	
8.	I agree to take part in the interview.	

**Document Title:** Interview Informed Consent Form  
**Trial Name:** MOOSE Study  
**IRAS ID:** 1006576  
**Version No:** Final V1.0  
**Version Date:** 02-Mar-2023

\_\_\_\_\_  
Name of Participant

| D | D | - | M | M | M | - | Y | Y | Y | Y |  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

| D | D | - | M | M | M | - | Y | Y | Y | Y |  
Date

\_\_\_\_\_  
Signature

*ICF copies to be retained by: Participant (personal copy), Keele and NCTU  
(uploaded to trial database).*

*Office use only*  
Study ID: