

EMERALD Consent Form – Part B – V1.1 (21/11/2022)

IRAS ID: 317291

**Consent form for patients participating in Part B of EMERALD: Eye movement desensitisation and reprocessing (EMDR) to improve mental health following intensive care admission.**

*Please write your initials below each statement to confirm you agree, or where relevant select the appropriate option from the choices provided.*

I confirm I have read and understood the Patient Information Sheet – Part B (version 1.1, dated: 21/11/2022) for the EMERALD study. I have had the opportunity to ask questions and understand what is involved in my

participation.

I understand that I will be randomised and there is a 50:50 chance I will be randomised to usual care or to EMDR sessions.

I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason and without my care or legal rights being affected.

I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the research team, 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.

I understand that information held by the NHS and records maintained by the NHS Information Centre and the NHS Central Register may be used to help contact me and provide information about my health status. I give permission for this information to be obtained and stored by the study research team to enable long term follow-up.

I agree to take part in **Part B** of the EMERALD study. Please sign the box below.

**SIGN HERE**

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clear

Please enter the date below (DD/MM/YYYY).

I am willing to be contacted about participating in future research associated with this study.

I am happy to be contacted at the end of the study to take part in the process evaluation, if relevant.

I would like to be sent a copy of the results of the research.

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