



## **OPTOMETRIC PRACTICE CONSENT FORM (phase 2)**

### What factors influence the optometric referral reply rate?

I have read the attached information sheet on the above research topic in which my optometric practice/practices have been asked to participate. I confirm I have been given a copy of the information sheet to keep. I have had the opportunity to discuss any concerns about the research study. I have been able to ask questions pertaining to the information provided and the proposed participation of my optometric practice/practices.

The Investigator has explained the nature and purpose of the research and I believe that I understand what is being proposed.

I understand that my practice name and patient data will be anonymised and remain confidential.

I have been informed about what the data collected in this investigation will be used for, to whom it may be disclosed, and how long it will be retained.

I hereby fully and freely consent for my optometric practice/practices to participate in the study.

Optometric practice manager name :(Block Capitals) .....

Optometric practice manager signature: .....

Date: .....

As the Investigator responsible for this investigation I confirm that I have explained to the practice manager named above the nature and purpose of the research to be undertaken.

Investigator's Name: .....

Investigator's Signature: .....

Date: .....