

Patient Interview Contact Details Form

OPTIMA Qualitative Recruitment Study

Part of the OPTIMA Qualitative Recruitment Study involves interviewing patients to explore their views on the OPTIMA Study and how patients arrived at their decision about whether or not to take part in the study

In completing this form, you are consenting for your contact details to be passed on to a Qualitative Recruitment Study researcher at the University of Bristol. The QRS researcher may approach you about setting up an interview to discuss the OPTIMA Study.

|  |  |
| --- | --- |
| **Title:** (please circle) | Mr / Mrs / Ms / Miss / Dr |
| **First name:** |  |
| **Surname:** |  |
| **Telephone number:** |  |
| **Email address (optional):** |  |

Thank you.

The OPTIMA Trial Office will register completion of this form using non-personally identifiable information.

### To be completed by hospital

*If the patient consented to OPTIMA, please note* **Participant trial number (TNO):**

*If the patient declined OPTIMA***,** *please note***- QRS Patient Registration number:** *[begins with a ‘Q’]*

Place original in the site file and place a copy in the hospital notes.

**Please ensure that the patient has received a copy of the** [**QRS Patient Information Sheet**](http://optimabreaststudy.com/optima/resources/admin/optima-qrs-patient-is-v3-0-2018-11-08.pdf)