

Research Ethics
PARTICIPANT CONSENT FORM



The Small Animal Veterinary Surveillance Network Antibiotic Prescription Tracker

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Please initial
or tick

1. I confirm that I have read and have understood the information sheet dated June 2017 for the above study. 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, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.
4. I understand that confidentiality and anonymity will be maintained in any publications based on the data I provide.
5. I confirm that I am permitted to access the submitted data within my practice and will only use the supplied feedback for internal confidential practice audit.
6. I agree to take part in the above study

Participant Name

Date

Signature

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