



**Centre for Cancer Research & Department of General Practice  
University of Melbourne**

**GENERAL PRACTICE CONSENT FORM**

**Project: SMARTscreen: The use of an SMS to increase bowel cancer screening (the NBCSP)  
uptake**

***Investigators:***

*Dr Jennifer McIntosh, Prof Jon Emery, Prof Mark Jenkins on behalf of the SMARTscreen research team*

1. I consent to this general practice participating in the SMARTscreen research trial, the details of which have been explained to me and the other GPs and manager in the general practice.
2. I have been provided with a written participation information brochure (General Practitioner PLS Ethics ID 2057042.1 Date: June 2020) to keep.
3. I have had the opportunity to ask questions and discuss the trial and have received adequate information to inform my decision for the general practice to participate.
4. I agree that the researchers may use the results as described in the General Practitioner PLS brochure.
5. I understand that after I sign and return this consent form it will be retained by the University of Melbourne and I will receive a copy of this signed consent form to retain for my general practice records.
6. I understand that eligible patients from this general practice are sent an automated SMS containing a link to: a message from this general practice encouraging them to complete the NBCSP test; a link to an animated video on how to do the test, a video recording of a person telling their positive story of doing the test and information about bowel cancer.
7. I understand that the number of SMS sent, and the age and gender of the patients will get collected as data for the purposes of this research only.
8. I understand that the number of times an SMS was read, and video links are opened will be collected as data for the purposes of this research only.
9. This project is funded by a grant from Victorian Cancer Agency (CPSRG19018).
10. I acknowledge that:
  - a. I understand that this general practice is free to withdraw from the SMARTscreen trial at any time without explanation or prejudice and will not impact on my relationship with the University of Melbourne and study partner organisations;
  - b. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements;
  - c. I have been informed that this consent form and information will be stored securely at the University of

- Melbourne and destroyed 5 years after publication of the study results;
- d. I have been informed that a copy of the research findings will be forwarded to me, should I request it at the completion of the study;
  - e. In accordance with the law of Victoria, I understand that it is possible for data to be subject to subpoena, or freedom of information request.

<b>General practice name:</b> <i>General practice stamp</i>	
Name of authorised person: <i>position in the practice</i>	
<i>Signature:</i>  <i>Print name:</i>	<i>Date:</i>
Name of authorised person: <i>position in the practice</i>	
<i>Signature:</i>  <i>Print name:</i>	<i>Date:</i>

Researcher's name (printed) \_\_\_\_\_

Researcher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>ID:</b> _____ <b>Date:</b> __/__/__
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