

## The Immune Defence Study

### Reducing colds, flu and similar illnesses

#### ONLINE CONSENT FORM

If you are happy to take part in this study, please read all the statements below. Please tick each box if you agree with them.

1. I have read the information leaflet (*version 5.0, 22-10-2020*) and understand what I will be doing in the study
2. I understand that I will be contacted by the study team regularly during the study to complete some questions about infections and general health, and will receive reminders if I don't complete them.
3. I understand that I do not have to take part and that I can stop taking part at any time without giving a reason. This will not affect my medical care or legal rights.
4. I understand that if I choose to stop taking part, the information I have already given will be used in the study (with any information that could identify me removed) unless I ask the study team to delete data that is linked to me.
5. I understand that the information I give may be used for research or teaching once personal details that could identify me (like names, and contact details) are removed.
6. I understand that once the study is finished, the data will be available to other research teams, without any personal details. This is to make sure that study results are used in a way that will have the most patient benefit
7. I understand that personal details I provide will be held securely at The University of Southampton in line with General Data Protection Regulation and Data Protection Act 2018.
8. I understand that study-related sections of my medical records may be reviewed by a member of the study team or practice staff for the purpose of this study.
9. I agree for my GP to be notified about my participation in the Immune Defence study.
10. I agree to take part in the Immune Defence study.

**Optional consent**

Please read the statement below and tick either yes or no to tell us if you agree or disagree with it.

I am happy for the research team to contact me in the future to ask if I would like to take part in an interview to share my views about using the Immune Defence website or the nasal sprays.

Yes

No

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*Name of participant*

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*Date (collected electronically)*