Patient Communication Release Form

The NIHR is promoting positive clinical research stories from the perspective of patients, carers and members of the public. We are gathering stories from people across England, that range from feeling better in day to day life, to knowing more about their condition, to an improvement in health.

I (add full name here) _______________________________ hereby give permission to be photographed/filmed/interviewed/provide my story to the NIHR about my involvement in NIHR clinical research, to be used by the NIHR for the following purpose/s:

- Internal and external communications, publications and online
- To promote clinical research through communications campaigns, including the media
- For other NIHR platforms and projects promoting research

☐ I consent to use of material captured involving me/my research story in all media outlets and NIHR promotional material and publications and for general use where appropriate.

☐ I am aware that the materials will be held indefinitely and that I retain the right to withdraw my consent at any time. I understand that on withdrawing my consent all appropriate steps will be taken to remove the materials, but that it may not be possible to stop their use completely.

I understand that resources may be in circulation for a number of years.

Signature:
Date:
Email:
Tel:
(Must be signed by parent/guardian if individual is under 18 years of age)

Consent collected
by:_______________________________________________________________________

of the NIHR <insert name>