



September 2017

Name Role Organisation Mailing address Auckland New Zealand Dept General Practice &
Primary Health Care,
261 Morrin Road,
Auckland, New Zealand
T+64 9 123 4567
W auckland.ac.nz
The University of Auckland
Private Bag 92019
Auckland 1142
New Zealand

Consent form

Safer Prescribing And Care in the Elderly (SPACE): Cluster RCT in New Zealand general practice

I have read the Participant Information Sheet and I understand the nature of the research and why my practice has been selected for participation.

- I agree for my practice to take part in the SPACE randomised controlled trial.
- I understand that intervention practices will undergo an audit to generate for each doctor a list of patients with high-risk prescribing; that each doctor will have a session with a pharmacist to go through the patient list and indicate intended action in a tick-box; and that doctors will select patients on their list to receive a mail-out from their doctor containing a medicines information brochure and a letter inviting patients to discuss their medicines when they are next in seeing their doctor.
- I understand that university researchers will analyse anonymised practice prescribing and linked hospitalisations data. Practice prescribing data will be extracted and anonymized by DrInfo through encrypted NHI before being supplied to the university researchers in anonymized form.
- I understand practice participation is voluntary, and that the practice is free to withdraw participation at any time without giving reason, and to withdraw any data traceable to the practice, and that we may ask questions of the researcher and





have questions answered to our satisfaction. I understand the data will be kept for six years and then destroyed.

- The research team will not be able to identify practices, doctors or patients. No identifying details will be published in any form.
- This consent form will be kept for a period of six years in a locked cabinet in the principal investigator's office.
- I wish to receive a summary of findings, which can be emailed to me at this email address:

	0	
Practice:		
Name:		
_		
Cianatur		Date:
Signatur	5	Date

Funded by the Auckland Medical Research Fund.

Approved by the University of Auckland Human Participants Ethics Committee on 9 Oct 2017 for three years, Reference Number 020092.