

## QRESEARCH consent form

I have read and understood the Practice Information Sheet on QRESEARCH and give consent for the practice to be a part of QRESEARCH. I understand that the upload by EMIS will only occur after the practice has activated the QRESEARCH facility on its system.

Signed..... Date.....

Name in capitals .....

E-mail address .....

**On behalf of** Cdbno .....

Surgery Name .....

Street .....

Village .....

Town .....

County .....

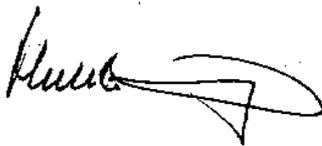
Postcode .....

We undertake to honour the principles of good medical research and the details of QRESEARCH as set out in the Practice Information Sheet. We will ensure that the data is used responsibly and protect patient and practice anonymity.



Signed..... Date....19<sup>th</sup> May 2003

**Dr Julia Hippiusley-Cox, Division of Primary Care, University of Nottingham**



Signed..... Date...19<sup>th</sup> May 2003

**Professor Mike Pringle, Division of Primary Care, University of Nottingham**

**PLEASE RETURN USING THE ENCLOSED ENVELOPE TO**

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Nottingham NG7 2RD