

Patient Volunteer Participant Consent form

Title of Study: Achieving Self-directed Integrated Cancer Aftercare (ASICA) in melanoma: Optimising the intervention using pilot evidence, assisted intelligence and behavioural science

IRAS reference: 336274

Participant ID Number:

Name of CI: Prof Peter Murchie

Please initial

1. I confirm that I have read and understand the Patient information sheet WS2 Version No 3, Date: 22/10/2025 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. Data collected up until the point of withdrawal may still be used in analysis.
3. I understand that taking part in this study does not form part of my clinical care and that my usual follow-up and medical care will continue as normal.
4. I understand that the ASICA app is designed only for self-monitoring and feedback as part of this research study. It does not provide medical advice or diagnosis, and no clinician or member of the research team will review my information or photographs in real time.
5. I understand that if I notice anything concerning about my skin or general health while taking part, I should contact my GP, dermatologist, or usual health care team directly. The research team cannot respond or act on clinical information via the app.
6. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Aberdeen from regulatory authorities if appropriate, or from the NHS Board/Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
7. I agree to my participation in a study interview or follow-up workshop being audio recorded. I understand that anonymised quotations from this interview may be used for presentations and publications. I agree that my interview or the follow-up workshop may be transcribed by a member of the research team or a project administrator contracted by the University of Aberdeen or the University of Stirling.
8. I agree to the storage and use of my recorded data and any images of my skin produced during the study for ethically reviewed and approved future studies (optional)

Yes	No
9. I agree that I may be contacted by the study team for future ethically approved studies. I understand identifiable contact information will be kept after the end of this study and this information will be held in accordance with the data protection act (optional).

Yes	No
10. I agree to provide photographs of my skin for this study, if required.
11. I would like to receive a copy of the study results and consent to the storage and use of my contact details for this purpose (optional).

Yes	No

12. I agree for my information to be stored on the servers of the University of Aberdeen and the University of Stirling.

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13. I agree to take part in the above study.

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Name of participant

Date

Signature

Name of researcher

Date

Signature

One copy for participant, one copy for researcher, one copy with hospital notes (if applicable)