To be printed on local hospital headed paper

Consent Form
Version 1.0, 12 April 2022

To be completed by the Researcher:	
Hospital name:	
Trial Number:	

1. I confirm that I have read and understand the Patient Information Sheet (version X.X, dated DD/MM/20YY) for the above research 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 consent at any time, without giving any reason and without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical records and data collected during the study, held by the NHS, may be looked at by authorised individuals from the Intensive Care National Audit & Research Centre (ICNARC) or regulatory authorities to check that the study is being carried out correctly. I give permission for these individuals to have access to my records where it is relevant to my participation in this research.

4. I agree to participate in this research study.

OPTIONAL

Please initial box if in agreement

5. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other approved researchers. ☐

Name of Patient (PRINT)	Signature	Date

Name of Person seeking consent (PRINT)	Signature	Date

_____	_____	_____
Name & relationship of witness *if Patient is unable to sign* (PRINT)	Signature	Date

1 copy for patient; 1 copy for Investigator Site File; 1 copy to be kept with hospital notes