

To be printed on hospital headed paper

Telephone Consent Form
Version 1.04, 124 DecemberApril
20220



Formatted: Left, Line spacing: single

Use this form to record telephone contact with a patient.

To be completed by the Researcher:

Hospital name:

Trial Number:

Name of Patient:

Please **initial** box to
indicate agreement

I can confirm that I have verbally given the participant information about the study, offered to send the current approved Patient Information Sheet to them via email or post, and answered any questions that they had

☐

I can confirm that the patient had no objection to continued involvement in the study, including information from their medical records (held by the NHS, NHS Digital, NHS Wales Informatics Service and the Intensive Care National Audit & Research Centre) being used to support the study

☐

I can confirm that the patient had no objection to receiving a follow-up questionnaire

☐

I can confirm that the patient had no objection to information collected about them in this study being used to support future research

☐

I can confirm that the patient had no objection to involvement in the EXAKT sub-study and data collected for this sub-study being securely sent to ICNARC to be used for this research.

☐

Name of Researcher
(PRINT)

Date

Signature

Name of Witness
(PRINT)

Date

Signature

Formatted: Tab stops: 13.81 cm, Left

Intensive Care Unit Randomised Trial Comparing Two Approaches to OXYgen Therapy (UK-ROX)

Exploring pulse oximeter Accuracy across skin Tones (EXAKT)

Telephone Consent Form v1.04, 124 DecemberApril 20220 • IRAS Number: 288506

Notes/actions arising from the telephone call