To be printed on local hospital headed paper

Nominated Consultee Opinion Form
Version 1.01, 124 DecemberApril 20220

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To be completed by the Researcher:

Hospital Name:	
Trial Number:	
Patient Name:	

1. I confirm that I have read and understand the Nominated Consultee 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 the patient's continued participation is voluntary, and that I or they am free to withdraw opinion/consent at any time, without giving any reason and without their medical care or legal rights being affected.

3. I understand that relevant sections of the patient's 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.

4. I understand that the information held and maintained by NHS Digital and NHS Wales Informatics Service may be used to provide information about the patient's health status, and that the patient's name, date of birth, NHS number and postcode can be securely sent to ICNARC to be used for this purpose.

5. In my opinion, I believe that the patient would not object to continued participation in this study.

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

7. I understand that the patient's participation in the EXAKT sub-study is voluntary, and data collected for this sub-study can be securely sent to ICNARC to be used for this research.

- OR -

Please only initial box if you **do not** wish patient to continue in study

87. I **do not** believe the patient would have chosen to continue participation in this study. ☐

Name of Nominated consultee (PRINT)	Signature	Date

Name of Person seeking opinion (PRINT)	Signature	Date

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

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