



**Personal Consultee Opinion Form**

Version 1.0 12 April 2022

*To be completed by the Researcher:*

Hospital Name:	
Trial Number:	
Patient Name:	
Relationship to Patient:	

1. I confirm that I have read and understand the Personal 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 my relative/friend's participation is voluntary, and that I or they, are 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 my relative/friend'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. In my opinion, my relative/friend would not object to participation in this study.

*OPTIONAL*

Please initial box  
if in agreement

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

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\_\_\_\_\_  
Name of Personal 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 hospital notes