To be printed on hospital headed paper

Telephone Consent Form
Version 1.0, 12 April 2022

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

Notes/actions arising from the telephone call