



**Nominated Consultee Opinion Form**  
Version 1.0, 12 April 2022

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

- **OR** -

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

6. I **do not** believe the patient would have chosen to participate in this study.

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\_\_\_\_\_  
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