



**Telephone Personal Consultee Opinion Form**

Version 1.0, 12 April 2022

*Use this form to record telephone contact with a consultee.*

**To be completed by the Researcher:**

Hospital name:	
Trial Number:	
Name of Patient:	
Name of Consultee:	
Relationship to Patient:	

Please **initial** box to indicate agreement

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

I can confirm that the consultee had no objection to the participant's involvement in the study, including information from their medical records (held by the NHS Trust and the Intensive Care National Audit & Research Centre) being used to support the study

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

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Notes/actions arising from the telephone call*