

To be printed on hospital headed paper

Telephone Personal Consultee
Opinion Form

Version 1.04, 124 DecemberApril

20229



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 continued involvement in the study, including information from their medical records (held by the NHS Trust, 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 consultee had no objection to the patient receiving a follow-up questionnaire ☐

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

[I can confirm that the consultee had no objection to the participant's 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

Date

Signature

Name of Witness

Date

Signature

Notes/actions arising from the telephone call