

To be printed on local hospital headed paper

**Personal Consultee Opinion Form**  
Version 1.04 124 AprilDecember 20220



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*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 continued 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. I understand that the information held and maintained by NHS Digital and NHS Wales Informatics Service may be used to provide information about my relative/friend's health status for the study, and that my relative/friend's name, date of birth, NHS number and postcode can be securely sent to ICNARC to be used for this purpose.
5. In my opinion, my relative/friend would not object to continued participation in this study.

*OPTIONAL*

Please initial each box if in agreement

6. I understand that my relative/friend may be sent a questionnaire by ICNARC in three months' time. In my opinion, I believe my relative/friend would not object to their contact details being securely sent to ICNARC to be used for this purpose.
7. 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.
8. I understand that my relative/friend's participation in the EXAKT sub-study is voluntary, and data collected for this sub-study can be securely sent to ICNARC to be used for this research.

☐☐☐

\_\_\_\_\_  
Name of Personal Consultee  
(PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of  
seeking opinion

1 copy for consultee; 1 copy for Investigator Site File; 1 copy to be kept with hospital notes

\_\_\_\_\_  
Person  
Signature

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(PRINT)

Date