

(Form to be on headed paper & trial logo)
Centre Name:
Study Number:

PARTICIPANT CONSENT FORM

Paramedic Analgesia Comparing Ketamine and MorphiNe in trauma: PACKMaN

Name of Researcher:

			Please i	nitial box
1.		the opportunity to consider th) for the e information, ask questions and have	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.			
3.	I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Warwick, from regulatory Authorities, from the ambulance service or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.			
4.	I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.			
5.	If applicable, I agree to my General Practitioner being informed of my participation in the study.			
6.	I understand that the information held and maintained by [insert ambulance service] and the NHS hospital who treated me, may be used to help contact me or provide information about my health status.			
7.	I agree to continue to take part in the above study			
8.	I agree to complete the follow-up questionnaires for PACKMaN and agree to be contacted by post, telephone, text message or email to complete them.			
Name	of Participant	Date	Signature	
Name of person receiving consent		Date	Signature receiving consent	
Name of independent witness (if applicable)		Date	Signature of independent witness	

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes. Version 2.0 24/02/2021

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