

Hospital Name:

Centre Number:

Study Number:

CONSENT FORM – consent at commencement

**RECOVERY-RS Respiratory Support: Respiratory Strategies in
COVID-19; CPAP, High-flow, and standard care**

Name of Researcher:

Name of study participant:

Please initial box

1. Participant confirms that they have read the information sheet dated..... (version.....) for the above study, and confirms they have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. Participant understands that their participation is voluntary and that they are free to withdraw at any time without giving any reason, without their medical care or legal rights being affected.
3. Participant understands that relevant sections of their medical notes and data collected during the study, including data on race and ethnicity, may be looked at by individuals from the University of Warwick, from regulatory authorities or from the NHS Trust, where it is relevant to their taking part in this research. They give permission for these individuals to have access to their records.
4. Participant understands that the information collected about them will be used to support other research in the future, and may be shared anonymously with other researchers.
5. Participant understands that the information held and maintained by (enter name of hospital), their GP surgery, NHS digital or electronic Data Research & Innovation Service (eDRIS) and the Intensive Care National Audit and Research Centre may be used to help contact them or provide information about their health status.
6. Participant agrees to take part in the above study.
7. Informed consent has been received verbally.

Name of Person receiving consent

Date

Signature taking consent