

TNO:

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## Participant Form

## INFORMED CONSENT

<b>Type of initial consent <u>prior</u> to enrolment:</b>		<b>Date of Informed Consent (DD/MMM/YYYY)</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Written consent from personal LR <input type="checkbox"/> Written consent from professional LR <input type="checkbox"/> Emergency enrolment/Deferred consent <input type="checkbox"/>		Consent to receive trial intervention Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to complete questionnaire Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to remote data collection Yes <input type="checkbox"/> No <input type="checkbox"/> If declined, please give reason: <hr/>											
<b>Type of consent <u>after</u> enrolment (if enrolled under deferred consent)</b>		<b>Date of Informed Consent (DD/MMM/YYYY)</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Written consent from personal LR <input type="checkbox"/> Written consent from professional LR <input type="checkbox"/>		Consent to continue trial intervention Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no please complete withdrawal form)</i> Consent to complete questionnaire Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no please complete withdrawal form)</i> Consent to remote data collection Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no please complete withdrawal form)</i> If declined, please give reason: <hr/>											
<b>Informed consent from the patient (<u>if they regain capacity</u>)</b>		<b>Date of Informed Consent (DD/MMM/YYYY)</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
		Consent to complete questionnaire Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no please complete withdrawal form)</i> Consent to remote data collection Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no please complete withdrawal form)</i> If declined, please give reason: <hr/>											
FORM COMPLETED BY:													
Name (please print):		Date completed:											
Signature:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> DD/MMM/YYYY											