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Participant Form

INFORMED CONSENT

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| Type of initial consent <u>prior</u> to enrolment: | | Date of Informed Consent (DD/MMM/YYYY) <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/> | | | | | | | | | | | |
| Type of consent <u>after</u> enrolment (if enrolled under deferred consent) | | Date of Informed Consent (DD/MMM/YYYY) <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/> | | | | | | | | | | | |
| Informed consent from the patient (<u>if they regain capacity</u>) | | Date of Informed Consent (DD/MMM/YYYY) <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 | | | | | | | | | | | |
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