

TNO:

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Participant Form

INFORMED CONSENT

Type of initial consent prior to enrolment:Informed consent from personal LR ☐Informed consent from professional LR ☐Emergency enrolment/Deferred consent ☐

Date of Informed Consent (DD/MMM/YYYY)

		/				/					
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Consent to receive trial intervention Yes ☐ No ☐Consent to complete questionnaire Yes ☐ No ☐Consent to remote data collection Yes ☐ No ☐

If declined, please give reason:

Type of consent after enrolment (if enrolled under deferred consent):Informed consent from personal LR ☐

Date of Informed Consent (DD/MMM/YYYY)

		/				/					
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Consent to continue trial intervention Yes ☐ No ☐
(if no please complete withdrawal form)Consent to complete questionnaire Yes ☐ No ☐
(if no please complete withdrawal form)Consent to remote data collection Yes ☐ No ☐
(if no please complete withdrawal form)

If declined, please give reason:

Informed consent from professional LR ☐

Date of Informed Consent (DD/MMM/YYYY)

		/				/					
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Consent to continue trial intervention Yes ☐ No ☐
(if no please complete withdrawal form)Consent to complete questionnaire Yes ☐ No ☐
(if no please complete withdrawal form)Consent to remote data collection Yes ☐ No ☐
(if no please complete withdrawal form)

If declined, please give reason:

TNO:

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Participant Form

Informed consent from the patient (if they regain capacity)

Date of Informed Consent (DD/MMM/YYYY)

		/				/					
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Consent to complete questionnaire Yes ☐ No ☐
(if no please complete withdrawal form)

Consent to remote data collection Yes ☐ No ☐
(if no please complete withdrawal form)

If declined, please give reason:

FORM COMPLETED BY:

Name (please print):

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Date completed:

		/				/					
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DD/MMM/YYYY

Signature:

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