**Personal Consultee Opinion Form**

Version 1.1 14 December 2020

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| *To be completed by the Researcher:* |
| Hospital Name: |  |
| Trial Number: |  |
| Patient Name: |  |
| Relationship to Patient: |  |

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| 1. | I confirm that I have read and understand the Personal Consultee Information Sheet (version X.X, dated DD/MM/20YY) for the above research study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |
| 2. | I understand that my relative/friend’s continued participation is voluntary, and that I or they, are free to withdraw opinion/consent at any time, without giving any reason and without their medical care or legal rights being affected. |
| 3. | I understand that relevant sections of my relative/friend’s medical records and data collected during the study, held by the NHS, may be looked at by authorised individuals from the Intensive Care National Audit & Research Centre (ICNARC) or regulatory authorities to check that the study is being carried out correctly.  |
| 4.  | I understand that the information held and maintained by NHS Digital and NHS Wales Informatics Service may be used to provide information about my relative/friend’s health status for the study, and that my relative/friend’s name, date of birth, NHS number and postcode can be securely sent to ICNARC to be used for this purpose. |
| 5. | In my opinion, my relative/friend would not object to continued participation in this study. |
|  | *OPTIONAL* | Please initial each box if in agreement |
| 6. | I understand that my relative/friend may be sent a questionnaire by ICNARC in three months’ time. In my opinion, I believe my relative/friend would not object to their contact details being securely sent to ICNARC to be used for this purpose. |  |
| 7. | I understand that the information collected about my relative/friend will be used to support other research in the future and may be shared anonymously with other approved researchers. |  |

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Name of Personal Consultee Signature Date

(PRINT)

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Name of Person seeking opinion Signature Date
(PRINT)

1 copy for consultee; 1 copy for Investigator Site File; 1 copy to be kept with hospital notes