



ISRCTN:
07448447

Study number:

Form number:

RELATIVE OPINION FORM FOR 3CPO STUDY

(Is non-invasive ventilation effective in patients with acute heart failure?)

Lead Researcher:

Please tick to confirm

I have read the information sheet for the above study.

The patient's name is:

My name is:

Please state relationship to patient:

I have had the opportunity to ask questions about the study and to discuss it with family and friends.

I understand the purpose of the study and how my relative will be involved.

I understand that, if my relative takes part in the study they may not gain direct personal benefit from it.

I understand that, as explained in the information sheet, the treatment my relative is given may have some side effects.

I understand that all information collected in the study will be held in confidence and that, if published or presented, all personal details regarding my relative will be removed.

I give permission for the researchers and responsible individuals from regulatory authorities to have access to medical notes and other routine NHS data sources when this is relevant to my relative taking part in the research.

I understand that I may change my opinion, at any time and for any reason, without my relative's medical care or legal rights being affected.

In my opinion my relative would consent to being enrolled in the study if he/she was well enough to make an informed decision. I understand that the doctor looking after my relative is responsible for all the treatment that he/she receives and will ensure his/her best interests at all times.

Relative name: _____

Date: ___/___/___

Signature: _____

Person taking consent: _____

Date: ___/___/___

Signature: _____

Witness name: _____

Date: ___/___/___

Signature: _____

PRINTED NAME AND SIGNATURE FOR ALL ABOVE