



**The 65 Trial – Consent Form**  
Version 1.3, 25 April 2018

Site name: \_\_\_\_\_

Trial Number: \_\_\_\_\_

**Please initial  
each line below**

1. I confirm that I have read and understand the Patient Information Sheet (version 1.3, dated 25/04/2018) 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 continued participation is voluntary, and that I am free to withdraw consent at any time, without giving any reason and without my medical care or legal rights being affected.
3. I understand that relevant sections of my medical records and data collected during the study (including name, date of birth, postcode and NHS number), held by the NHS or by NHS Digital, may be looked at by individuals from the NHS Trust, the Intensive Care National Audit & Research Centre (ICNARC) or NHS Digital where it is relevant to my participation in this research. I give permission for these individuals to have access to my records.
4. I agree to continue to participate in this research study.
5. I understand I will be sent a questionnaire by ICNARC in three months and then twelve months' time.
6. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
7. I agree to my General Practitioner being informed of my participation in the study.

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\_\_\_\_\_  
Name of Patient  
(PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person seeking consent  
(PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & relationship of witness  
*if applicable* (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date