



The 65 Trial – Personal Consultee Opinion Form

Version 1.3, 25 April 2018

Site name: _____

Trial Number: _____

Patient's name: _____

**Please initial
each line below**

1. I confirm that I have read and understand the Personal Consultee 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 relative/friend's 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 notes and data collected during the study (including name, date of birth, postcode, NHS number), held by the NHS or by NHS Digital, may be looked at by individuals from the NHS Trust, NHS Digital or the Intensive Care National Audit & Research Centre (ICNARC), where it is relevant to my relative/friend's participation in this research.
4. In my opinion, my relative/friend would not object to continued participation in this research study.
5. I understand my relative/friend will be sent a questionnaire by ICNARC in three months and then in twelve months' time.
6. 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 researchers.
7. I understand that my relative/friend's General Practitioner will be informed of their participation in the study.

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Name of Personal Consultee
(PRINT)

Signature

Date

Name of person seeking opinion
if applicable (PRINT)

Signature

Date