**REMAP-CAP**

*If in England/Wales*/*Northern Ireland*

**Personal Legal Representative – Video Consent Form**

*If in Scotland*

**Nearest Relative/Guardian/Welfare Attorney – Video Consent Form**

**Consent video**

We are inviting people who have been admitted to hospital with COVID-19, influenza, or other pneumonia to participate in our research study. We have generated a video which provides information on the study, the treatments we are using, and risks and benefits of taking part. Once you have watched the video and are happy to continue please review and sign this consent form. You will also be provided with a full information sheet and privacy notice. This information is also available on our website <https://www.icnarc.org/Our-Research/Studies/Remap-Cap/About>

**Consent Form for Participants Unable to Give Consent Themselves**

**Personal Legal Representative** *(if in England/Wales/Northern Ireland)*

**Nearest Relative/Guardian/Welfare Attorney** *(if in Scotland)*

**REMAP-CAP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Study ID**  |  | **Site**  |  |
| **Name of Principal Investigator** |  |

**Please initial each box if you agree with the following:**

I, *(forename and surname)* ……………………………………………………………………………………………… consent for my relative/friend/other to take part in the study.

|  |  |
| --- | --- |
|  | 1. I confirm that I have watched the consent video and have read/received a copy of the appropriate information sheet for the above study and have been able to ask questions which have been answered fully. |
|  | 2. I give consent for my relative/friend/other to participate in the following domains: -  **anticoagulation domain, cysteamine domain, immunoglobulin domain, influenza antiviral domain, steroid domain, immune modulation domain, antibiotic domain,** or **macrolide domain** (d*elete domains not participating in and strikethrough domain if representative does not agree)* |
|  | 3. I understand that I am giving this consent based on what I believe would be the person for whom I am providing consent’s wishes. In my opinion they would be willing to participate.   |
|  | 4. I understand that sections of any of my relative/friend/other’s medical notes may be looked at by responsible individuals’ representatives of the sponsor (UMC Utrecht), by people working on behalf of the sponsor, and by representatives of Regulatory authorities, ICNARC and NHS Digital where it is relevant to their taking part in this research. |
|  | 5. I consent that I believe my relative/friend/other’s will not seek to restrict the use to which the results of the study may be put. |
|  | 6. I understand that my relative/friend/other will be contacted by ICNARC or the local hospital in six months to ask about their quality of life and wellbeing. (*delete if not taking part in follow-up aspect)* |
|  | 7. I understand that minimal randomisation data collected about my relative/friend/other will be transferred outside of the EEA.*(Note if this point is refused the patient cannot be included in the trial)* |
|  | 8. I understand that once my relative/friend/other regains capacity this consent form no longer has merit and will be superseded by my relative/friend/other’s informed consent. |

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Name of Personal Legal Signature Date

Representative *(If in England/*

*Wales/Northern Ireland)*

Name of Nearest Relative/Guardian/

Welfare Attorney *(if in Scotland)*

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Name of staff member Signature Date

*(Listed on study delegation log)*

*If the personal legal representative (England/Wales/Northern Ireland) or Nearest Relative/Guardian/Welfare Attorney (Scotland) is* ***not able*** *to write/sign due to condition or weakness, please ensure a witness signs the section of the consent form below. The witness will be a member of the clinical team who is not part of the study team (not listed on the delegation log)*

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Name of witness Signature Date

*\*Independent of the REMAP-CAP study team*

1 copy for participant; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented, and stored in double sided format