**REMAP-CAP**

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

**Personal Legal Representative - Information Sheet and Consent Form**

*If in Scotland*

**Nearest Relative/Guardian/Welfare Attorney – Information Sheet and Consent Form**

**Invitation to the study**

We are inviting people who have been admitted to hospital with COVID-19, influenza, or other pneumonia to participate in our research study. COVID-19 is caused by a SARS-COV-2 virus and pneumonia can be caused by bacteria or a virus like influenza (flu). This study is trying to find the best treatments for these health problems. This form provides information on the study, the treatments we are using, and risks and benefits of taking part.

**What is the purpose of this study?**

COVID-19, flu, and pneumonia (lung infection) are all important current health problems. Current treatments for these are based on previous research used in international guidelines that help doctors to choose the best care. As new treatments become available more research is needed to see whether there are better and more effective treatments. The aim of this study is to investigate which treatments are best for patients admitted to hospital with COVID-19, flu, or pneumonia.

**What treatments are being investigated?**

We are testing treatments in patients who have been admitted to the ward and / or an intensive care unit (ICU).

The treatments for COVID-19 are: - low or a middle dose heparin (reduces blood clots), plasma therapy (blood antibodies from patients recovered from COVID-19), or no treatment.

The treatments for flu are: antivirals (oseltamivir, baloxavir), steroids (dexamethasone hydrocortisone), immune modulators (tocilizumab, baricitinib), or no treatment.

The treatments for other pneumonia are: - steroids (dexamethasone, hydrocortisone), antibiotics (ceftriaxone, piperacillin-tazobactam, amoxicillin-clavulanate, moxifloxacin or levofloxacin) with macrolides (azithromycin, clarithromycin, or erythromycin) which may help reduce inflammation, or no treatment.

Not all treatments may be available at your relative/friend/other’s hospital, your relative/friend/other’s doctor will be able to tell you which treatments are available and best suited to your relative/friend/other.

*(please delete domain and/or treatment that site is not participating in)*

Patients in this study may be treated with any combination of these drugs because it is important to understand what the best combination of treatments are. Many of the treatment options listed above also include a ‘no treatment’ option and so the person you are consenting for may not receive any of these treatments if you choose for them to participate.

**Who will be included in the study?**

Patients who have been admitted to hospital or to ICU, who have or are suspected to have COVID-19, flu or pneumonia. Only patients who meet the study criteria and are considered suitable by their treating doctor will be included. The treatments available are dependent on the severity of the condition and eligibility criteria.

**What does participation in this study involve?**

It is important to start treatment of these conditions as quickly as possible. This is why some treatments may already have started before you were given this consent form. If you/your relative/friend/other were not able to give consent straight away, we will ask your relative/friend/other’s treating doctor for their consent to include your relative/friend/other in the study and then we check if you/your relative/friend/other are happy to continue once you/relative/friend/other are able to give consent.

Participation is entirely voluntary. If you agree for your relative/friend/other participate, we will ask you to sign a consent form. We will enter some details about your relative/friend/other and answer some medical questions on a computer. Your relative/friend/other will then be randomised by a computer to one or more treatments. Randomisation is a process like tossing a coin and they will be placed in a group by chance which allows us to compare their treatment group to others. Once your relative/friend/other have been randomised, depending on the treatment, a nasal swab and/or a blood sample will be taken. Nasal swabs will also be collected 3 and 7 days later, while blood samples will be collected weekly until hospital discharge. If your relative/friend/other are randomised to receive a treatment they may receive this via an injection or a tablet. The doctor or researcher will explain the study to you, but neither they nor you can decide on the treatment allocation.

Further information about your relative/friend/other’s health will be entered on to a computer. Once they are discharged from hospital no further visits are required by them. We will contact your relative/friend/other 6 months after their inclusion to complete a questionnaire about their wellbeing. To ensure we can learn the effects of the study treatment we will collect information about your relative/friend/other from your medical records until 6 months after their inclusion; this includes information before and after their inclusion. We will also request information about your relative/friend/other from the following research databases: - Intensive Care National Health Audit & Research Centre (ICNARC), NHS Digital, UK Health Security Agency, genetic and other research databases (if they have provided their information/samples to them). We will keep this information for up to 10 years after your relative/friend/other’s discharge. All your relative/friend/other’s data that has been collected will be pseudonymised, which means that their data will be allocated a reference number and so they cannot be directly identified by this.

**Are there any benefits in taking part?**

This study will tell us if some treatments are better than others, but we cannot guarantee that taking part in the study will benefit your relative/friend/other directly, but it may help improve treatment for people with COVID-19, flu, or pneumonia in the future.

**Are there any risks in taking part?**

All medical treatments can cause side effects. The risks and side effects are similar whether you choose for your relative/friend/other to be in the study or not. Your relative/friend/other’s doctor will know what treatment they are receiving at all times and so will be looking out for any side effects. We have listed the common side effects specific to our treatments below: -

* Anticoagulation - heparin may increase the risk of minor bleeding, e.g., bruising, but sometimes can be more severe, e.g., require a blood transfusion.
* Immunoglobulin – plasma therapy may cause allergic reactions (rash, fever, chills) or increased difficulty breathing. These reactions are usually mild and are easily treated with medicines such as paracetamol and antihistamines, or by slowing down or stopping the plasma transfusion.
* Antivirals (oseltamivir and baloxavir), antibiotics (ceftriaxone, piperacillin-tazobactam, amoxicillin-clavulanate, moxifloxacin or levofloxacin) and macrolides (azithromycin, clarithromycin, or erythromycin) may cause many mild side-effects such as diarrhoea, headache, stomach-ache, nausea, vomiting, heartburn, itching, skin rash, joint pain, fatigue, cardiac arrhythmia, shortness of breath, sleepiness, anxiety, and confusion.
* Steroids – dexamethasone or hydrocortisone may cause sleep problems, mood changes, indigestion, and weight gain.
* Immune modulators (tocilizumab or baricitinib) may cause blocked/runny nose, cough, sore throat, headache, and an increase in cholesterol.

*(please delete for domain and/or treatment that site is not participating in)*

**Pregnancy**

Women who are pregnant or breastfeeding may be included depending on the type of treatment. Some treatments have not been tested on pregnant women before e.g., baloxavir, baricitinib and the effect on unborn babies is uncertain. In such cases these treatments may not be available if you are pregnant. As part of the study, we have an expert panel who review our safety results closely and if there are any issues, your treatment will be stopped immediately.

**Can I stop/change my mind?**

Participation is voluntary. If you no longer wish for your relative/friend/other to be part of this study, no further information will be collected about them for the trial and the doctors will continue to provide them with routine medical treatment. You will have the option to allow us to collect subsequent information about your relative/friend/other. De-identified information about your relative/friend/other that was already collected up to the point that you withdrew them from the study will still be analysed by the study team.

**What if I have a problem or a question?**

If you have any questions about the study, please reach out to your relative/friend/other’s medical team in the first instance see below:-

|  |  |
| --- | --- |
| **Contact Name** | **Contact Number** |
|  |  |

Further information about the study can be found on our study website:

[www.icnarc.org/Our-Research/Studies/Remap-Cap/](http://www.icnarc.org/Our-Research/Studies/Remap-Cap/) via email [ukremap-cap@icnarc.org](mailto:ukremap-cap@icnarc.org) or telephone: - 0207 5945906. For independent research advice please see contact information below: -

***England/Wales sites only (delete if not applicable)***

If you have any questions about being in a research study, you can contact the Trust’s Patient Advice Liaison Service (PALS). They will give you advice about who you can talk to for independent advice.

|  |  |
| --- | --- |
| **Local PALS office telephone number** | **Local PALS office address** |
|  |  |

***Northern Ireland sites only (delete if not applicable)***

If you have any questions about being in a research study, you can contact the person listed below. They will give you advice about who you can talk to for independent advice.

|  |  |
| --- | --- |
| Local Contact | Local address |
|  |  |

***Scotland sites only (delete if not applicable)***

If you have any questions about being in a research study, you can contact [*insert full name*] (contact details below) who is not involved in the study and will be able to give you independent advice.

[*insert independent contact telephone number/email address/postal address*] 

University Medical Center Utrecht (UMCU) (the trial sponsor) holds insurance policies which apply to this study. If in the unlikely event your relative/friend/other experience serious and enduring harm or injury as a result of taking part in this study, they may be eligible to claim compensation without having to prove that UMCU is at fault. This does not affect your relative/friend/other’s legal rights to seek compensation. If your relative/friend/other are harmed due to someone’s negligence, then they may have grounds for a legal action.

**How do you use information about me and how to do you keep it private?**

All information about your relative/friend/other, their health and their participation will be kept private. The only people who will have access to this information are your relative/friend/other’s doctors and nurses looking after them and employees of the Sponsor UMC Utrecht, Imperial College London and ICNARC who have authorisation. More information is available in our privacy notice on our website <https://www.icnarc.org/Our-Research/Studies/Remap-Cap/About> or if you prefer you can ask for a copy from your medical team.

**How do I find out the results?**

Neither you nor your relative/friend/other will be personally informed about the results of the study. The results of this study will be presented at medical meetings and published in scientific journals. Only anonymous group information and no personal information will be presented. If you or your relative/friend/other are interested in the results, they will be available on our global website <https://www.remapcap.org/>

**Who is funding it?**

The Coordinating Principal Investigator for this study is Professor Marc Bonten, at the University Medical Center Utrecht, Netherlands. This research has received funding from the Rapid European COVID-19 Emergency Research response (RECOVER) consortium by the European Union’s Horizon 2020 research and innovation programme (#101003589) and from the UK National Institute for Health and Care Research (NIHR). The cost of some treatments may be covered by pharmaceutical companies that make these products.  These pharmaceutical companies have no involvement in the design, analysis, or reporting of results from the trial.

The UK Principal Investigator is Professor Anthony Gordon at Imperial College London, and the UK Trial Coordinating Centre is ICNARC, Napier House, 24 High Holborn, London WC1V 6AZ.

**Who has reviewed it?**

All research involving patients in the NHS is looked at by an independent group of people called a Research Ethics Committee. This study has been reviewed and approved by the **London- Surrey Borders HRA Ethics Committee.**

**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 #** |  |
| **Patient Name** |  | | |
| **Name of Principal Investigator**  (use CAPITALS) |  | | |

**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 read and understand this document 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: -  **immunoglobulin domain, influenza antiviral domain, steroid domain, immune modulation domain, antibiotic domain,** or **macrolide domain** (d*elete domains site is 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. |
|  | 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. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Personal Legal Signature Date

Representative *(If in England/*

*Wales/Northern Ireland)*

Name of Nearest Relative/Guardian/

Welfare Attorney *(if in Scotland)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff member Signature Date

*(Listed on delegation log)*

*If the patient 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)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness Signature Date

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

1 copy for participant; 1 copy for Principal Investigator; 1 copy for 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