

GlucoVITAL – randomised trial of Volatile vs Total intravenous Anaesthetic for major non-cardiac surgery

UK PATIENT CONSENT FORM

Name of Principal Investigator: [please insert here]

Site name: [please insert here]

IRAS: 324653

Study ID: |_|_|_|_|_|-|_|_|_|_|

Please initial box

1. I confirm that I have read and understand the information sheet dated DD.MM.YYYY (version x.x) for the GlucoVITAL trial. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, or my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes and data collected during the trial, may be looked at by the research team, the Sponsor Queen Mary, University of London (and its representatives), regulatory authorities, or the *NHS Trust/ Health Board*, where it is relevant to this research. I give permission for these individuals to have access to my records.

4. I agree that samples of my blood will be taken and used for the purposes of this research. Please initial yes or no.

Yes	No
<input type="text"/>	<input type="text"/>

5. I agree that samples of my blood will be used for purposes of closely related future ethically approved research. Please initial yes or no.

Yes	No
<input type="text"/>	<input type="text"/>

6. I understand that the information collected about me for this trial (e.g. age, initials, sex etc,) will be used for study analysis. I agree for my data to be securely stored and archived by Queen Mary University of London.

7. I agree to take part in the GlucoVITAL trial.

Print name of participant

Date

Signature

Print name of person taking consent

Date

Signature

When completed, give one copy to the patient, file one copy in the medical notes and keep the original in the investigator site file