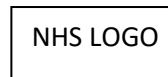


Participant Identification Number			



INFORMED CONSENT FORM

Trial title: GREAT-2 – GRemubamab ErAdication Trial

Gremubamab compared to placebo in participants with bronchiectasis and chronic Pseudomonas aeruginosa infection

Chief Investigator: Professor James Chalmers

Sponsors: University of Dundee and NHS Tayside

Please initial box

1. I confirm that I have read the Participant Information Sheet version..... dated..... for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that taking part in this trial is voluntary, and that I am free to withdraw at any time without supplying a reason. This will not affect my medical care or legal rights. ☐
3. I agree that confidential information about me may be shared outside my clinical care team (or the research team) as needed to carry out this trial. ☐
4. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from University of Dundee, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
5. I agree to the research team following up with me or my partner, should I/she become pregnant during the trial, until the birth of my/her baby. ☐
6. I agree that confidential information about me and blood samples collected for this trial will be shared with AstraZeneca as per the Clinical Research Agreement the Sponsor has with AstraZeneca. Any information which identifies me will be removed before it is shared. ☐
7. I agree that additional blood and sputum samples will be taken and stored and used to support ethically approved future research, possibly including research with commercial organisations. Any information which identifies me will be removed before it is shared. I agree to gift this blood and sputum to the Sponsors (optional) YES / NO (please delete) ☐

1 copy for participant, 1 copy to be kept in medical records and 1 original for Investigator Site File.

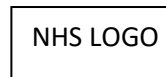
IRAS Ref 1005993

GREAT-2 Informed Consent Form UK V3 29-09-23.docx

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Page

Participant Identification Number			



8. I agree to having an additional blood sample taken which will be stored for future genetic analysis. Any information which identifies me will be removed before they are stored. I agree to gift this blood and sputum to the Sponsors (optional)
YES / NO (please delete) ☐
9. I agree that my General Practitioner will be informed that I am taking part in the trial. ☐
10. I agree to be contacted by the Researcher and/or research team in the future should I be suitable for further projects and/or trials (Optional).
YES / NO (please delete) ☐
11. I voluntarily agree to take part in the above trial. ☐

_____	_____	_____
Name of Participant (capitals)	Date	Signature

_____	_____	_____
Name of Person taking consent (capitals)	Date	Signature

1 copy for participant, 1 copy to be kept in medical records and 1 original for Investigator Site File.