Queen Mary University of London

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High flow nasal oxygen for patients undergoing elective major abdominal Surgery (PROTECT-HFNO) Trial

PARTICIPANT INFORMED CONSENT FORM

IRAS: 350757
Name of Principal Investigator: *[insert PI name]*
Site Name: *[insert site name]*
Study ID: *[insert participant's trial ID]*
How was consent received (please tick one box): ☐ face to face ☐ remote (e.g. email or post)

Please read each statement and if you agree, put your initials in the box next to it.

1.	I confirm that I have read and understood the **Participant Information Sheet** version x.x dated DD/MM/YYYY for the PROTECT-HFNO Trial. I have had time to think about the information, ask questions, and I am satisfied with the answers I have been given.	Initial
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	Initial
3.	I agree to take part in the PROTECT-HFNO trial.	Initial

Print Name of participant	Date	Signature
_____	_____	_____

Print Name and role of person taking consent (Designated responsible person)	Date	Signature
Name: _____	_____	_____

Role: _____

If a participant is unable to read or sign this consent form but has capacity to give consent, please complete the following section.

Witness Statement (if applicable):

The participant was unable to read or sign this consent because of the following reason:

_____

_____

I confirm that I was present as a witness to this consent process. I confirm that the participant named above was read the information in the consent document and freely gave their consent to take part in the research trial.

Name and role of witness	Date	Signature
_____	_____	_____