

Hospital-acquired Infection Prevention with Parenteral Omegaven- HIPPO

PROFESSIONAL LEGAL REPRESENTATIVE CONSENT FORM

IRAS ID: 1008285

REC reference: 24/LO/0914

Name of Principal Investigator: Zudin Puthucheary
Site Name: Royal London Hospital

Trial ID: |_|_|_|_|_|_|_|_|

Please initial box

1. I confirm that I have read and understand the information sheet dated xx/xx/xxxx, version xx (Professional Legal Representative) for the *HIPPO trial*. I understand that I am being asked to advise whether would wish to take part in this research study. My advice is given taking into consideration the expressed or understood wishes of the patient and that in giving this opinion I am acting not in my best interests but those of the patient. I have had the opportunity to consider the information, ask questions and had these answered satisfactorily.
2. I understand that my patient's participation is voluntary and that I am free to withdraw them/ they are free to withdraw at any time, without giving a reason, or their medical care or legal rights being affected.
3. I understand that sections of my patient's medical notes and data collected during the trial may be looked at by the research team, the sponsor (and its representatives), the regulatory authorities, or the NHS Trust/ where it is relevant to this research. I give permission for these individuals and bodies to have access to their records.
4. I agree for my patient to be contacted by telephone for follow-up around day 30, after being enrolled in the study.
5. I agree for the research team to contact the patient's primary care practitioner (GP) to inform them of their involvement in this study
6. I understand that data collected for this trial will be used for study analysis. I understand that my patient will not be identifiable in any publication or other study outputs resulting from this trial. I agree for my patient's data to be securely stored and archived by Queen Mary University of London and Swansea University
7. I agree to my patient taking part in the *HIPPO trial*.

Please initial YES or NO:

YES NO

8. I agree for my patient's anonymised data to be shared with other researchers for further ethically approved research and resulting research publications.
9. I agree that anonymised samples of my patient's blood will be used for purposes of closely related future ethically approved research.

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Print name of participant: _____

Print name and role of person giving consent (Professional Legal Representative):
Name: _____

Date: _____

Signature: _____

Role: _____

Print name and role of person receiving consent:
Name: _____

Date: _____

Signature: _____

Role: _____

Role: _____

Print name of PI/Medical Delegate:

Date: _____

Signature: _____

When completed, give one copy to the patient; file the original in the Investigator Site File; and file one copy in the medical notes.