

Personal Legal Representative Consent Form

The ASAP (Adjuvant Steroids in Adults with Pandemic Influenza) Trial Mechanistic Sub-Study

Participant's name: _____

Participants date of birth: _____

Investigator: _____

ASAP Participant Trial ID:

--	--	--	--	--

Please initial
each box

1. I confirm that I have read the information sheet dated _____ (version _____) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my partner/relative/friend's participation is voluntary and that they are free to withdraw at any time without giving any reason and without their medical care or legal rights being affected.
3. I understand that data collected during the ASAP trial may be looked at by individuals from the Liverpool School of Tropical Medicine, University of Liverpool and regulatory authorities.
4. I understand that the information collected about them will be used to support other research in the future, and may be shared anonymously with other researchers.
5. I consent for any remaining samples to be used for future ethically approved research. These will be anonymised and I will not be identified in any way.
6. I agree for them to take part in the above study

Name of person giving consent Date Signature

Relationship to participant: _____

Name of person taking consent Date Signature

When completed: 1 copy for partner/friend/relative, 1 copy for medical notes, 1 (original) for researcher site file