

# 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:

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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 participation is voluntary and that I am free to withdraw at any time without giving any reason and without my 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 me 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 to take part in the above study

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When completed: 1 copy for participant, 1 copy for medical notes, 1 (original) for researcher site file