**PANTHER**

**Telephone Agreement Form**

## Precision medicine Adaptive Network platform Trial in Hypoxaemic acutE respiratory failure

This form is to be used in the following circumstances:-

1. If a patient fulfils the criteria for inclusion in the PANTHER Trial and has a Personal Legal Representative (England/Wales/Northern Ireland) or Nearest Relative/Guardian/Welfare Attorney (Scotland) who can give opinion/advice on their behalf, but this person will not be available on site to provide written agreement during the trial timeline for inclusion.
2. If the patient has been discharged from hospital promptly prior to providing written retrospective consent, then this form can be used when contacting the patient via telephone to explain the study and answer any questions.

Please take time to read the following information carefully and do talk about it with other people if you would like to. Ask us if there is anything that you do not understand or if you would like more information. You can take time to think about your participation..

To enable agreement/opinion to take place, the PI or designee (as delegated this duty on the Delegation Log), may contact the Personal Legal Representative (England/Wales/Northern Ireland), Nearest Relative/Guardian/Welfare Attorney (Scotland) or patient by telephone. This telephone contact must be witnessed by a second member of staff who may be a member of the site study team or site medical staff. This witness must sign as indicated below.

|  |  |
| --- | --- |
| **Site number:** |  |
| **Patient Number:** |  |
| **Patient Name:** |  | |
| **Name of Principal Investigator:** |  | |

**Principal Investigator/designee to initial box**

|  |  |
| --- | --- |
| 1. I confirm that I have explained the study background to the patient or their representative and have read the appropriate Information Sheet to them. |  |
| 2. I confirm that the patient or representative has been allowed the opportunity to ask any questions or raise any concerns in relation to the study and have received an answer to these where applicable. |  |
| 3. I confirm that the patient or representative has indicated that they agree to them or their relative/partner/friend taking part in this study |  |
| 4. I understand that written agreement/consent must be obtained as soon as possible, and the patient or representative must be provided with a copy of the Information Sheet and written agreement/consent process followed at this stage, this can be sent and returned via post or email. |  |

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| --- | --- | --- | --- |
| Name of telephone consultee: |  | | |
| Relationship of consultee to patient: |  | | |
|  | | | |
| Name of Person taking consent: |  | | |
|  | | | |
| Person taking consent Signature: |  | Date: |  |
|  | | | |
| Name of Witness:  *\*Independent of the REMAP-CAP study team* |  | | |
|  | | | |
| Witness Signature: |  | Date: |  |
| Witness Job Title: |  | | |

After the telephone call, if appropriate a copy of the relevant consent form may be posted (or emailed) to the patient or representative.