**PANTHER**

**Video Consent Form – Personal Legal Representatives (England/Wales/Northern Ireland)**

**Nearest Relative/Guardian/Welfare Attorney (Scotland)**

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

We are inviting critically ill adults who have been admitted to the intensive care unit (ICU). We are studying people who need organ support, such as with their lungs or heart with conditions such as Acute Respiratory Distress Syndrome (ARDS) or during a pandemic to participate. ARDS is a severe lung problem that makes it hard to breathe because there is too much fluid in the lungs. We know critically ill patients can be split into different subgroups called hypoinflammatory and hyperinflmmatory. We want to be able to identify which patient subgroups will respond best to a treatment in order to improve patient care.

We have generated a video which provides information on the study, the treatments we are using, and risks and benefits of taking part. Once you have watched the video and are happy to continue please review and sign this consent form. You will also be provided with a full information sheet and privacy notice. This information is also available on our website: [www.panthertrial.org.uk](http://www.panthertrial.org.uk)

You are being asked to provide consent for someone who does not have capacity to do so. The patient, your relative, friend, partner is very unwell and as they do not have capacity to make an informed decision, we are asking you to act as their legal representative and make a decision on their behalf.

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..

**If you would like your friend/relative/partner to join patient events and keep in touch with the PANTHER Team, please scan the QR code below.**

A copy of the written information and signed Informed Consent form will be given to you to keep.

A qr code with text

AI-generated content may be incorrect.

# Consent Form for Participants Unable to give conesent themselves

**Personal Legal Representative** *(if in England/Wales/Northern Ireland)*

**Nearest Relative/Guardian/Welfare Attorney** *(if in Scotland)*

**Full Title of Project:** Precision medicine Adaptive Network platform Trial in Hypoxaemic acutE respiratory failuRe - **PANTHER**

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

**Please initial box**

|  |  |
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| 1. I confirm that I watched the consent video for the above study and have been able to ask questions which have been answered fully. |  |
| 1. I confirm that I have received a copy of the appropriate patient information sheet which includes a link to the privacy notice for **PANTHER.** |  |
| 1. I confirm I give consent for my relative/friend/partner to participate in the trial with the following treatments: Simvastatin, Baricitinib   (*delete treatments site is not participating in and strikethrough treatment if patient does not agree)* |  |
| 1. I confirm that I understand the **PANTHER** study. |  |
| 1. I understand that I am giving this consent based on what I believe would be the person for whom I am providing consent’s wishes. In my opinion they would be willing to participate. They are free to withdraw at any time without giving any reason and without their legal rights nor treatment/ healthcare being affected. |  |
| 1. I understand that sections of any of my relative/friend/partner’s medical notes and other personal data generated during the study may be looked at by responsible individuals from and working on behalf of Imperial College London, by representatives of regulatory authorities, ICNARC, NHS Digital, SICSAG, from the NHS Trust where it is relevant to my relative/friend/partner taking part in this research. |  |
| 1. I give consent for information collected about the person whom I’m consenting to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. I give consent for samples (bloods, nasal swab, lung secretions and fluids) collected about person for whom I’m consenting to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. I understand that tissue samples (bloods, nasal swab, lung secretions and fluids) and/or data collected from my friend/relative/partner are a gift donated to the research team and that I nor the person who I’m consenting will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service. |  |
| 1. I agree to my friend/relative/partners tissue samples (bloods, nasal swab, lung secretions and fluids) being used to undertake genetic research which may have the potential to generate data that can be tracked back to them. |  |
| 1. I give consent to my friend/relative/partner being contacted about the possibility to take part in other research studies. |  |
| 1. I agree to my friend/relative/partner’s GP being informed about their participation in this research study and any incidental findings to be conveyed to them (Optional). |  |
| 1. I give consent to allow the use my friend/relative/partner’s data that has already been collected in the trial, as well as ongoing data collection and follow up information to be obtained from their medical records up to 12 months after their inclusion. |  |
| 1. I understand my friend/relative/partner will be contacted by their local hospital or the study team in 3 and 6 months to ask about their quality of life and wellbeing.   *(if you agree to this statement provide their details below and tick their preferred contact method ).*  *Phone Email* |  |
| 1. I would like my friend/relative/partner to be informed of the PANTHER study results when these are available.   *(if you agree to this statement provide their details below).* |  |
| 1. I consent for my friend/relative/partner to take part in **PANTHER** |  |

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| Telephone number: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address: |  | | | | | | | | | | | |  | |
| Postal address: |  | | | | | | | | | | | | | |

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Name of (amend accordingly) Signature Date

**Personal Legal Representative**

*(If England/Wales/Northern Ireland)*

**Or**

**Nearest Relative/Guardian/Welfare**

**Attorney**

*(If Soctland)*

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Name of staff member Signature Date

*(Listed on delegation log)*

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Name of witness

*(To be used if PerLR cannot write*

*e.g. due to disability)* Signature Date

*(Independent of PANTHER study team)*

The original is stored in the study site file, 1 copy for participant;

1 copy for hospital notes