**ISARIC/WHO Clinical Characterisation Protocol UK – IRAS Ref. 126600 / 279826**

**SUMMARY** **CONSULTEE** **FOR ADULT LACKING CAPACITY INFORMATION SHEET & DECLARATION FORM (IN PERSON)**

**DATA ONLY**

30th August 2022. Version 10.2
Local lead investigator: [\*\*\*local\_investigator\_name\*\*\*]

We are undertaking a research study involving people with infection due to, or exposure to an emerging pathogen (“bug”), chemical, toxin, or potentially harmful energy source of public health interest such as the one recently experienced by the potential participant. We are asking you (the consultee) about the potential participation of an individual who is not able to consent for themselves, because he/she lacks the legal capacity to do so. To help decide if he/she should join the study, we would like to ask your view on whether or not you consider he/she would wish to be involved but before you decide it is important for you to understand why the research is being done and what it would involve for the participant.

Please take time to read this information carefully. One of our team will go through the information with you. Please ask us if there is anything that is not clear or if you would like more information and time to decide. Your decision is completely voluntary. The decision you make **will not** affect the participant's care or treatment in any way. When deciding, please put aside your own feelings and wishes and consider what the past and present feelings and wishes of the person you are representing would have been, had they been able to consent for themselves.

## What is this study about?

We need to find out more about how infections or exposures affect people. By studying the participant’s case, we hope to find better ways to diagnose and manage people with this and similar conditions.

## What will happen if they take part in this study?

We will collect information about the participant, including other medical problems they may have, the medicines they take, the treatment they receive and the results of tests they have.

Participation is voluntary. The participant, or you as their consultee can withdraw them from the study at any time, and don’t need to give a reason for this.

## What will happen to their information?

All information about the participant will remain confidential. Their name and other personal details will not appear in any report, but we will share the results of analyses widely. We will record their NHS/CHI number, date of birth and postcode (to anonymously link study results to information in electronic medical records) and telephone number (to arrange follow-up samples). With permission, we will contact the participant by letter, phone call or text message. The work we do with the data is ‘a task in the public interest’. The way their data is used is carefully regulated by UK law. We will keep the minimum personally identifiable information about the participant indefinitely for safety reasons and because it is a valuable record of this outbreak event. There may be need to refer to your data for related very long-term follow up studies.  For more information on how we process and protect data, please see the full information sheet or visit [www.isaric4c.net/privacy](http://www.isaric4c.net/privacy).

## What are the benefits to taking part in this study?

There is no direct benefit to participants, but the research may help others.

## Can I request that they be withdrawn from the study?

The participant or you as their consultee can withdraw from the study at any time without giving a reason and without affecting their care. The participant’s personal identifiers and any data that have not already been analysed can be destroyed, if you request this.

## Will their samples be used for future research?

We would like to keep the participant’s contact details after the study is complete so we may ask if they are willing to participate in future studies. This is entirely optional. Their contact details would be stored electronically on a secure computer system separately from the study data. You or they can ask us to have these contact details removed from our database at any time.

## Where can I find more information?

If you would like more information about the study, you can contact the Local Investigator at the participant’s hospital **[\*\*\*local\_investigator\_name\*\*\*]** or telephone the Local Research office on **[\*\*\*local\_research\_office\_phone\_number\*\*\*].**

If you would like to know about the progress of the study or if the results of the study, you can visit our website for participants at <http://isaric.net/ccp/uk/info/>

There may be opportunities for the participant to attend events relating to the study or to join a panel of research participants who can make further contributions to this research and future research studies. We will post information about any such events on the participants’ website.

## Who is legally responsible for this study?

All UK research needs a ‘Research Sponsor’, which in this case is the University of Oxford. The University of Oxford, as Sponsor, has appropriate insurance in place in the unlikely event that the participant suffers any harm as a direct consequence of their participation in this study. NHS indemnity operates in respect of the clinical treatment which is provided. The data and materials related to this study may be inspected by regulatory authorities, including the Research Sponsor, NHS Trust(s) or public health agencies in the UK. This study has been reviewed and given a favourable opinion by the **Oxford C NHS Research Ethics Committee – reference number: 13/SC/0149** and **Scotland A Research Ethics Committee (Ref 20/SS/0028).**

**Who do I complain to if I am unhappy about any part of this research study?**

If you wish to complain about the way in which you or the participant have been approached, treated, or how information is handled for this study, you should contact **[\*\*\*local\_investigator\_name\*\*\*] [\*\*\*local\_contact\_details\*\*\*]** or you may contact the University of Oxford Clinical Trials and Research Governance (CTRG) office on 01865 616480, or the head of CTRG, email ctrg@admin.ox.ac.uk.

NHS indemnity covers the clinical treatment with which is provided. The Patient Advisory Liaison Service (PALS) is a confidential NHS service in England which provides support for those who wish to make complaints or raise queries regarding care received as an NHS patient. However, PALS will not provide information specifically about this research study.

The Patient Advisory and Support Service (PASS) is a confidential service provided by the Citizens Advice Bureaux in Scotland. It can provide you with support for any complaints or queries you may have regarding the care you receive as an NHS patient. PASS is unable to provide information about this research study.

**PARTICIPANT ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**ISARIC/WHO Clinical Characterisation Protocol UK**

**CONSULTEE FOR ADULT LACKING CAPACITY DECLARATION FORM**

 **DATA ONLY**

30th August 2022. Version 10.2

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| ***PLEASE MARK YOUR INITIALS AGAINST EACH STATEMENT TO WHICH YOU AGREE:*** |
| I have read the summary information sheet dated 22nd August 2022 version 10.1 (above) or it has been read to me. I understand the information and have had the opportunity to ask questions about it. I am willing to act as consultee for the participant. |  |
| I understand that the participant’s participation is voluntary and that the participant is free to withdraw from the study at any time, without giving any reason and without the participant’s medical care or rights being affected. |
| I understand that data from the participant will be used in this study. |
| I understand that medical records and data collected during the study could be examined by the Research Sponsor (the University of Oxford), by regulatory authorities, representatives of the NHS Trust(s) or public health agencies who oversee this research. |
| I agree that a copy of this declaration form which will include my name, address and phone number, and the participant’s name, address and phone number will be sent to the central study team (where it will be kept in a secure location), to allow confirmation that my advice was given and for administration of the study. |
| **It is my consideration that the participant would be happy to participate in this research study.** |
| I understand that the participant’s **data may be used for other unrelated ethically- approved research in the UK or elsewhere.**Or if you think that the participant would not want this tick here ❑ |  |
| I understand that participant data may be used to **manufacture tests, treatments or other products, including commercial products.** Or if you think that the participant would not want this tick here ❑ |  |
| I understand that de-identified data **will be shared with other scientists, including those in other countries**.Or if you think that the participant would not want this tick here ❑ |  |
| I understand that the participant may to be **contacted by the investigators to be invited to participate in future research studies.**Or if you think that the participant would not want this tick here ❑ |  |

Name of participant (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of participant

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Name of consultee (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of consultee (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of consultee

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

**Thank you for your contribution to this important global research activity.**

Person taking advice from consultee (PLEASE PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Research team member or health professional trained in taking consent for this study)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

**PARTICIPANT ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**Witnessed Declaration:**

***If the consultee cannot read the form or the completed form is contaminated and cannot be removed from the participant’s room:***  I have been introduced to the consultee and identified as a witness to their declaration. I attest that the information concerning this research was accurately read and explained to the consultee in language they can understand, and that their advice on patient participation was given freely by the consultee.

Witness name (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_