

CONSENT FORM

Study name: **AZTEC-CF**

Full title: Aztreonam for inhalation solution (AZLI) for the treatment of exacerbations of CF. An open-label randomised cross-over pilot study of AZLI plus intravenous colistin® versus standard dual intravenous therapy.

Study number: **2016AZLIDN001**

IRAS: **206907**

Name of Researcher: **Dr Freddy Frost**

Please initial 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, without my medical care or legal rights being affected. ☐
 3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Liverpool Heart and Chest Hospital Adult CF team, Regulatory authorities or from the Liverpool Heart and Chest Hospital NHS Foundation Trust, when it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
 4. I understand that some non-identifiable information collected about me may be used to support other research in the future, and may be shared with other researchers. ☐
 5. I agree to my General Practitioner being informed of my participation in the study. ☐
 6. I understand that blood and sputum samples will be collected, stored and tested for the purposes of this study. ☐
- Continued overleaf
7. I am happy for any samples I provide to be stored and used in future research. ☐

8. I agree to take part in the above study.

☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person Taking Consent	Date	Signature

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