 

**ISARIC/WHO Severe Acute Respiratory Infection Biological Sampling Study**

**INFORMED CONSENT FORM FOR CONSULTEE**

**13th May 2013. Version 2.5.0**

* I have read (or it has been read to me) the information sheet for this study. I understand the information and have had the opportunity to ask questions for clarification.
* I understand that the participant's participation is voluntary and that the pariticipant 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 will be collected from the participant's medical records by study staff during the study and that this information may be looked at by authorized individuals from public health agencies. I agree that these individuals may have access to the participant's research records.
* I agree that the participant's samples may be sent elsewhere in the world to be analysed.
* I agree that DNA from the participant's blood sample will be analysed to determine whether any genetic factors have made me susceptible to severe infection.  
  OR IF YOU DO NOT AGREE, CHECK HERE ❑
* I agree that the participant's blood sample, including the participant's DNA, may be used in additional research in the future, if necessary in different parts of the world, as long as appropriate ethical approval is in place.  
  OR IF YOU DO NOT AGREE, CHECK HERE ❑
* I agree for the participant to be contacted directly by the investigators with an invitation to participate in future research studies.  
  OR IF YOU DO NOT AGREE, CHECK HERE ❑

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person giving consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Person taking consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**Witnessed Consent**

***If the consenting party cannot read the form:*** I have no interest or involvement in this research study and I attest that the information concerning this research was accurately read and explained to the patient in language they can understand, and that informed consent was freely given by the patient.

Witness name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_