**ISARIC/WHO Clinical Characterisation Protocol UK**

**EXTRA SAMPLING OF CONVALESCENT PATIENTS** **INFORMATION SHEET & CONSENT FORM FOR ADULT PATIENTS - IRAS Ref. 126600**

17th February 2020. Version 8.2

Local lead investigator: **[\*\*\*local\_investigator\_name\*\*\*]**

You are being asking to take part in an extra part of this research study involving people who have recovered from an infection.

**What is this study about?**

This form is for patients who have already consented to participate in the ISARIC/WHO Clinical Characterisation Protocol and who have recovered from their illness.

**What will happen if I take part in this study?**

We would use a needle to obtain an extra donation of blood of up to 240mls (about half a pint). This is about half as much blood as a normal donation to the blood transfusion service.

**What will happen to my samples?**

This extra donation of blood could be used to study immune responses to infection, to develop tests, and set reference standards for blood tests, and to make products, including commercial products.

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

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

**What are the risks?**

A blood donation of this size is not expected to have any significant after-effects, and no lifestyle restrictions are required afterwards.

**Can I request that I be withdrawn from the study?**

Yes, you can withdraw at any time without giving a reason and without affecting your care. Any samples that have not already been analysed can be destroyed, if you wish.

**Will the samples be used for future research?**

With your consent, we would like to keep your contact details after the study is complete so we may ask if you are willing to participate in future studies. This is entirely optional. Your contact details would be stored electronically on a secure computer system separately from the study data. You can ask us to have your 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 your 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 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 you suffer any harm as a direct consequence of your 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**

**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 have been approached, treated, or how your 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](mailto:ctrg@admin.ox.ac.uk).

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

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

**INFORMED CONSENT FORM FOR ADULT PATIENTS**

17th February 2020. Version 8.2

Local lead investigator: **[\*\*\*local\_investigator\_name\*\*\*]**

|  |  |
| --- | --- |
| ***PLEASE MARK YOUR INITIALS AGAINST EACH STATEMENT TO WHICH YOU AGREE:*** |  |
| I have read the information sheet for Extra Sampling of Convalescent Patients dated 17th February 2020 (Version 8.2) or it has been read to me. I understand the information and have had the opportunity to ask questions about it. |  |
| I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason and without my medical care or rights being affected. |  |
| I agree to the use of my data and samples **including my DNA.** |  |
| I give permission for my medical records and data collected during the study to 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 to participate in this research study.** |  |
| I agree that my **data and samples may be used for other unrelated ethically-approved research in the UK or elsewhere**.  OR IF YOU DO NOT AGREE, TICK HERE ❑ |  |
| I agree that samples taken from me, or materials or data derived from those samples, can be used to **manufacture tests, treatments or other products, including commercial products.**  OR IF YOU DO NOT AGREE, TICK HERE ❑ |  |
| I agree that my de-identified data and results of analyses, including the whole sequence of my DNA, **can be shared with other scientists, including those in other countries**. OR IF YOU DO NOT AGREE, TICK HERE ❑ |  |
| I agree to be **contacted by the investigators to be invited to participate in future work, including research studies.**  OR IF YOU DO NOT AGREE, TICK HERE ❑ |  |

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

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

Name of person taking consent (PLEASE PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person taking consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

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

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

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_

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