

Consent Form A – Subject Declaration Form

TOP-ART ID _____
Date Study Entry _____

DIRECTORATE OF SURGERY AND ANAESTHESIA
ROYAL LONDON HOSPITAL, BARTS HEALTH NHS TRUST

Ethics Committee: London –City & East REC number: 16/LO/0003

Title: Trauma Organ Protection - Artesunate

Principal Investigator: Professor Karim Brohi, FRCS FRCA

**Please initial box to
Indicate agreement**

1. I confirm that I have read and understood the information sheet dated 26.10.2015 (version 1.0) for the above study and have had the opportunity to ask questions. I have been given a copy of the patient’s information sheet to keep. []
2. I understand that my participation in this study 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 sections of any of my medical notes may be looked at by professional Individuals involved in this study, representatives of the sponsor or by regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. []
4. I understand that I have given my consent voluntarily to the international transfer, storage and use of my study data and tissue for future medical research and that I am free to withdraw my consent at any time. []
5. I agree that the tissue may be used for future ethically approved genetic research but not for research that involves reproductive cloning or testing for inherited diseases without my express consent. []
6. I agree for my GP to be informed of the study. []
7. I agree for my GP to be contacted for relevant follow-up information regarding my health. []
8. I agree for my samples to be sent to a specialist overseas research laboratory in for Analysis []
9. I agree to take part in the above study. []

Name of patient

Date

Signature

I have explained this in terms which, in my judgement, are suited to the understanding of the patient.

Name of person taking consent
(if different from Investigator)

Date

Signature

Investigator

Date

Signature

When completed: 1 (original) to be kept in care record, for consultee, 1 for researcher site file.