

[On local hospital headed paper]

Centre No.

TracMan Study

**PATIENT CONSENT FORM**

Version 8 – 20 September 2004  
MainREC number: 04/MRE00/43

Title of project: A study to investigate whether the use of “early” or “late” tracheostomy is of benefit to patients in intensive care.

Principal Local Investigator: [name and telephone number here]

Please initial boxes

- |   |   |                      |
|---|---|----------------------|
| 1 | I confirm that I have read and understand the information sheet dated [date and version here] for the above study and have had the opportunity to ask questions .....   | <input type="text"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected .....  | <input type="text"/> |
| 3 | I understand that sections of any of my medical notes may be looked at by responsible individuals involved with the study. I give permission for these individuals to have access to my records .....   | <input type="text"/> |
| 4 | I give permission for my personal identifying information to be collected, stored and used by the study office to enable follow up of my health status. This is on the understanding that any information will be treated with the strictest security and confidentiality ..... | <input type="text"/> |
| 5 | I give permission for appropriate personal identifying information to be passed onto the Office of National Statistics for the purposes of following up my health status ....   | <input type="text"/> |
| 6 | I give permission for my GP to be contacted about my health status .....  | <input type="text"/> |
| 7 | I give permission for information about me to be gathered from the Office of National Statistics through the flagging system for follow up purposes .....   | <input type="text"/> |
| 8 | I agree to take part in the above study .....   | <input type="text"/> |

|  |      |           |
|--|------|-----------|
| Name of patient  | Date | Signature |
| Name of person taking consent<br>(if not Principal Local Investigator) | Date | Signature |
| Name of Principal Local Investigator                                   | Date | Signature |

1 copy for patient, 1 for Principal Local Investigator, 1 to be kept with hospital notes