

[On local hospital headed paper]

Centre No.

TracMan Study

'NO OBJECTION' FORM FOR RELATIVE

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

Regarding patient (please write patients name here): _____

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
- 2 I understand that I cannot legally give consent for my relative to participate in the study. However in my opinion, he/she would not have objected to taking part
- 3 I understand that sections of any of my relative's medical notes may be looked at by responsible individuals involved with the study. I give permission for these individuals to have access to my relative's records

The following asks you for permission to collect your relative's personal identifying details. Once your relative regains the capacity to consent for themselves, they will be asked to confirm that they give permission for these details to be collected.

- 4 I understand that appropriate personal identifying information will be collected, stored and used by the study office to enable follow up of my relative's health status. This is on the understanding that any information will be treated with the strictest security and confidentiality
- 5 I give permission for my relative's personal identifying information to be passed onto the Office of National Statistics for the purpose of following up their health status
- 6 I give permission for my relative's GP to be contacted about their health status
- 7 I give permission for information about my relative to be gathered from the Office of National Statistics through the flagging system for follow up purposes

8 I am the patients: _____
(please write your relationship to the patient here, for example wife/partner/brother etc)

_____ Name of relative	_____ Date	_____ Signature
_____ Name of person informing relative (if not Principal Local Investigator)	_____ Date	_____ Signature
_____ Name of Principal Local Investigator	_____ Date	_____ Signature