

Mucoactives in Acute Respiratory failure: Carbocisteine and Hypertonic Saline (MARCH)



Personal Legal Representative (Per LR) Contact Form

IRAS ID: 293630

If the PerLR is not able to discuss the MARCH study in person in the hospital, please record their contact details here and send a copy of the MARCH PerLR Information Sheet and Consent Form to them by email and/or post.

Date: _____

MARCH Participant Screening Number (if known): S _ _ _ _ _

Name of Personal Legal Representative: _____

Relationship to Patient: _____

Email Address: _____

Address: _____

Preferred Telephone Number: _____

The original should be filed in the Investigator Site File and a copy included in the patient's medical notes.