

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



Personal Legal Representative (PerLR) Telephone Agreement Form

IRAS ID: 293630

This form is to be used in the event that a patient fulfils the criteria for inclusion in the MARCH trial and has a Personal Legal Representative (Per LR) who can give consent on their behalf, but this person will not be available on site to provide written informed consent. The contact details of the PerLR will be entered onto the PerLR Contact Form so that the MARCH Information Sheet can be sent by email and/or post, and to facilitate written consent.

To enable consent to take place, the PI or designee (as delegated this duty on the Delegation Log), may make contact with the PerLR by telephone. This telephone contact must be witnessed by a second member of staff who may be a member of the site study team or site medical staff. This witness must sign as indicated below.

**Investigator
to initial
each box**

1. I confirm that I have explained the study background to the relevant patient's representative as detailed in the PerLR Information Sheet and have read the Information Sheet to them.

2. I confirm that the PerLR has had the opportunity to ask any questions or raise any concerns in relation to the study, and have received satisfactory answers to these questions.

3. I understand that written consent must be obtained as soon as possible and the patient representative must be provided with a copy of the Information Sheet and written consent process followed at this stage.

4. I confirm that
(insert PerLR name) _____
has given their consent for their relative/friend/partner to take part in the MARCH study.

Name of Participant

Participant Study Number (if applicable)

Name of Personal Legal Representative

Relationship to the Study Participant

Name of Investigator

Signature

**Date
(dd/mm/yy)**

Name of Witness

Signature

**Date
(dd/mm/yy)**

Witness Job Title