**INFORMED CONSENT FORM – Legal Representative**

Participant Identification Number:

Trial title: STOP-COVID19: **S**uperiority **T**rial **O**f **P**rotease inhibition in **COVID-19**

Chief Investigator: Prof James Chalmers

Sponsors: University of Dundee and NHS Tayside

 Please initial box

1. I confirm that I have read and understand the Participant Information Sheet – Legal Representative 01 Tayside version.................... date…………….. for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my ward/relative/ person I am consenting for’s participation is voluntary and that I am free to withdraw my ward/relative/person I am consenting for at any time, without giving any reason and without my ward’s/relative/person I am consenting for’s medical care or legal rights being affected.

3. I understand that relevant sections of my ward/relative/person I am consenting for’s medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Dundee/NHS Tayside) from the NHS organisation or regulatory/other authorities, where it is relevant to their taking part in this research. I give permission for these individuals to have access to their records.

4. I agree that confidential information about my ward’s/relative/person I am consenting for to be collected for this trial may be used in ethically approved medical research in the future, including research with commercial organisations. Any information which identifies me will be removed before it is shared.

5. I agree that any of my ward’s/relative/person I am consenting blood, sputum, nasal swab samples remaining after this trial may be stored and used to support ethically approved future research, including research with commercial organisations. Any information which identifies me will be removed before it is shared. I agree to gift these samples to the Sponsors.

6. I agree that my ward’s/relative/person I am consenting GP will be informed that they are taking part in the trial.

1. I agree to my ward/relative/person I am consenting for taking part in the above trial.

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| I confirm that I am the legal representative for:  |
| Name of Participant (capitals) |  |  |
|  |  |  |
| Name of legal representative (capitals) | Date | Signature |
|  |  |  |
| Relationship to participant |  |  |
|  |  |  |
| Name of Person taking consent (capitals) | Date | Signature |