Participant Identification Number: | | | | |

Title of Trial: Vital BE Trial; A Study of the Safety, Tolerability and Efficacy of Cayston (Aztreonam Lysine) compared to placebo in patients with bronchiectasis

IRAS ref number: 252929

Name of the Researcher: [Add local PI name here]

Sponsors: University of Dundee and NHS Tayside

Please initial box

1. I confirm that I have read the information sheet/leaflet dated..... (version.....) for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐

3. I understand that personal data about me and research data collected during the trial will be stored by the University of Dundee. ☐

4. I understand that relevant sections of my medical records and data collected during the trial, may be looked at by the Researcher and/or research team, the Sponsors or regulatory authorities where it is relevant to my taking part in this research. I give permission for the Researcher and/or research team, the Sponsors and regulators to have access to my records and data. ☐

5. I understand that my research data collected by the Researcher and/or research team in this trial may be used to support other research in the future, and may be shared anonymously with other researchers or collaborators, including commercial organisations. ☐

6. I understand that my tissue (blood, nasal swab and sputum sample) collected by the Researcher and/or research team in this trial will be stored and that any excess may be shared anonymously with other researchers collaborating with the Sponsors to support future research - including commercial organisations. I hereby gift such tissue to the Sponsors. ☐

7. I agree to my General Practitioner being informed of my participation in the trial and of any clinical findings made during the trial. ☐

8. I agree to take part in the above trial. ☐

9. *OPTIONAL QUESTION:* I agree to be contacted by the Researcher and/or research team in the event that I may be suitable for further research projects in the future. YES ☐ NO ☐ ☐

Name of Participant (CAPITAL LETTERS)	Date	Signature

Name of Person taking consent (CAPITAL LETTERS)	Date	Signature

1 for participant, 1 to be kept in medical records and 1 for trial file.