



INFORMED CONSENT FORM – Personal Legal Representative

Participant Identification Number:

Trial title: **SFX-01** treatment for **Acute Respiratory Infections** (STAR-Covid19)

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 –
Personal Legal Representative 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 the participation of the person I am consenting for is voluntary
and that I am free to withdraw the person I am consenting for at any time, without
giving any reason and without affecting the medical care and legal rights of the
person I am consenting for.

3. I understand that relevant sections of the medical notes of the person I am
consenting for 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 organisations and authorities to have
access to their records.

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

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

6. I agree that the GP of the person I am consenting for will be informed that they are
taking part in the trial.

7. I agree to the person I am consenting for taking part in the above trial.



I confirm that I am the personal legal representative for:

Name of Participant (capitals)

Name of professional legal representative (capitals)	Date	Signature
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Relationship to person I am consenting
for, named above