



INFORMED CONSENT FORM – Professional 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 – Professional 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 professional legal representative for:

Name of Participant (capitals)

| Name of professional legal representative (capitals) | Date | Signature |
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Professional role