INFORMED CONSENT FORM

Participant Identification Number:

Trial title: **S**FX-01 **t**reatment for **A**cute **R**espiratory 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 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 taking part is voluntary and that I am free to withdraw at any time without giving a reason. This will not affect my medical care or legal rights. ☐

3. I agree that confidential information about me may be shared outside my clinical care team (or the research team) when necessary for this trial. ☐

4. I agree that confidential information about me 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 blood, sputum (phlegm), 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 GP will be informed that I am taking part in the trial. ☐

7. I agree to be contacted by the Researcher and/or research team in in future where I might be suitable for further projects (optional). YES/NO ☐

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

Name of Participant (capitals)	Date	Signature
Name of Person taking consent (capitals)	Date	Signature

1 copy for participant, 1 copy to be kept in medical records and 1 copy for Investigator Site File.

If participant is not able to read the text and/or sign for themselves but has capacity to give consent:

I witnessed accurate reading of the consent form to the potential participant, who could ask any questions and got satisfactory replies.

I confirm that they gave their consent freely.

Name of Witness (capitals)	Date	Signature
Name of Person taking consent (capitals)	Date	Signature

1 copy for participant, 1 copy to be kept in medical records and 1 copy for Investigator Site File.