

INFORMED CONSENT FORM

Participant Identification Number:

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Title of Trial: Vital BE Trial; A Study of the Safety, Tolerability and Efficacy of 2 doses of Cayston (Aztreonam Lysine) compared to placebo in patients with bronchiectasis

IRAS ref number: 252929

Name of the Researcher: Dr Michael Loebinger

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.

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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.