### PERSONal consultee TELEPHONE opinion form

[affix\_barcode]

Version: 4.0, 8 November 2023

Local Lead Investigator: [local\_lead\_investigator\_name]

Chief Investigator: Dr JK Baillie, University of Edinburgh

**Please sign this form to indicate that the consenting party understands and agrees to the statements below:**

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| * I have read the information sheet (v4.0 - 8 November 2023) for this study (or it has been read to me in full or a summary version at my request). I understand it and have had the opportunity to ask questions. * In my opinion the patient would have no objection to providing a DNA sample and for this sample to be analysed to look for genetic factors important in critical illness. * I can withdraw the patient from the study at any time without giving any reason. * Although there are no direct benefits to taking part in this study, we hope to help others who become critically ill in future. There is a very small possibility that findings which are relevant to the patient will arise through this research. There is a process through which the patient can be informed of this. * The patient’s DNA, and data derived from their DNA, including the whole sequence of their genome, may be stored and used for future research. Researchers may include national or international scientists, companies and NHS staff. To access the data, researchers must all be approved by an independent committee of experts, including clinicians, scientists and patients. There will be no access to the data by personal insurers or marketing companies. * Different aspects of the patient’s health data will be collected by the GenOMICC investigators, the study sponsor (NHS Lothian and the University of Edinburgh), and partner organisations. * I agree that the investigators of this study may contact the patient in the future to participate in future research studies, including clinical trials and studies unrelated to critical illness. |
| **Name of patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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