



LEGAL REPRESENTATIVE DECLARATION FORM

INFORMED CONSENT FORM for Participants Unable to Give Consent Themselves.

AFLOAT STUDY

Antibiotics For uncomplicated Lower respiratory tract infection in Older Adults.

Patient Name: _____

Patient ID Number:

(to be obtained post randomisation))

<p>1. I confirm that I have read and understood the Legal Representative Information Sheet - for Participants Unable to Give Consent Themselves, dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions, and I have had these answered satisfactorily.</p>	<p>Please <u>initial</u> in the box</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">INITIAL</div>
<p>2. In my opinion he/she would have no objection to taking part in the above study.</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">INITIAL</div>
<p>3. I understand that their participation is voluntary and that I or the person on whose behalf I am giving consent are free to withdraw at any time, without giving any reason and without any legal rights nor treatment / healthcare being affected.</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">INITIAL</div>
<p>4. I understand that relevant sections of his/her care record and data collected during this trial may be looked at by the necessary staff members from their GP practice, the Southampton Clinical Trials Unit, the University of Southampton, and Regulatory Authorities, or from the NHS Trust where he/she is taking part in this research. I give permission for these individuals to look at his/her records.</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">INITIAL</div>

5. I understand that the information collected about him/her could be used to inform future research and may be shared anonymously with other researchers.	<input type="text" value="INITIAL"/>
6. I agree to their pseudo-anonymised (non-identifiable) data, managed by the University of Southampton, being held on servers located in the UK, EU and USA. Access will be strictly controlled. All applicable Data Protection legislation will be abided by.	<input type="text" value="INITIAL"/>
7. I agree to this Legal Representative declaration and for my contact details as well as those of the person on whose behalf I am consenting, including name, telephone number, email, and home address, being shared with the AFLOAT research trial team so they may check this consent and contact him/her/me for study procedures. I understand that these details will be stored securely and will not be revealed to anyone outside of the study team	<input type="text" value="INITIAL"/>
8. IF RELEVANT: I agree for their General Practitioner to be informed of their participation in the study.	<input type="text" value="INITIAL"/>
9. OPTIONAL: The person on whose behalf I am giving consent is willing to have a finger prick blood test (to measure inflammation in their body; a test called CRP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. OPTIONAL: The person on whose behalf I am giving consent would like to be informed of the results of the AFLOAT Trial.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. I agree to the person on whose behalf I am giving consent taking part in the AFLOAT Trial.	<input type="text" value="INITIAL"/>

_____	_____	_____	____/____/____
Name of Legal Representative	Relationship to participant	Signature	Today's Date
_____	_____	_____	____/____/____
Name of person receiving consent	Role of person receiving consent	Signature	Today's Date

REMINDER FOR THE RESEARCH TEAM:

When completed, the original signed consent form is to be stored in the Investigator Site File, one copy given to the patient, one copy filed in the patient's medical records, and one copy to be sent to SCTU via secure email: afloat@securemail.soton.ac.uk