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**Consultee Declaration Form**

If consent from a consultee is being taken in person or over the phone, the boxes are to be initialled by the **researcher** completing the declaration and are to be witnessed by a second member of staff who can be a member of the site study team or site medical staff.

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|  | **Activities** | Initials |
| 1 | I confirm that I have read the Consultee Information Sheet [insert version] dated [insert date] for the above study to the participant’s consultee and have explained the study background to them |  |
| 2 | I confirm that the participant’s consultee has been given the opportunity to ask any questions in relation to the study and have received an answer to these where applicable |  |
| 3 | The participant’s personal consultee agrees for the participant’s GP to be informed of their participation in this study. |  |
| 4 | The participant’s personal consultee agrees to have blood, swab and saliva samples taken for the research purpose as explained to them. They understand that the research using the participant’s samples aims to improve the way we diagnose COVID-19. |  |
| 5 | The participant’s personal consultee understands that the sponsors of this study may store and make the participant’s samples and data available to other researchers for future research and that this may include researchers working abroad. They give permission for these individuals to have access to the participant’s samples and data. |  |
| 6 | The participant’s personal consultee understands that sections of any of the participant’s medical notes and data collected during the study may be looked at by individuals from Manchester University NHS Foundation Trust or regulatory authorities, where it is relevant to the participant’s taking part in this research. They give permission for these individuals to have access to the participant’s data. |  |
| 7 | The participant’s personal consultee agrees that any data collected may be published in anonymous form in academic books, reports or journals. |  |
| 8 | The participant’s personal consultee agrees that the researchers may retain the participant’s contact details in order to provide them with a summary of the findings for this study. |  |
| 9 | The participant’s personal consultee agrees for a copy of the participant’s consent form to be sent to the study sponsor, Manchester University NHS Foundation Trust |  |
| 10 | I confirm that the participant’s personal consultee has indicated that they agree to their relative/partner/friend taking part in the study |  |
| 11 | I understand that written consent must be obtained as soon as possible either from the participant’s consultee or the participant themselves and that the participant’s consultee must be provided with a copy of the Information Sheet and a copy of this declaration. |  |

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| Relationship to participant: |  |  | | |  |  | |
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| Name of consultee |  | | Signature |  | | Date |
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|  |  | |  |  | |  |
| Name of researcher completing declaration |  | | Signature |  | | Date |

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| Name of witness |  | Signature |  | Date |
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|  |  |  |  |  |
| Witness job title |  |  |  |  |

1 copy for the consultee, 1 copy for the research team (original), 1 copy for the medical notes