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**Patient Consent Form – Regained Capacity**

Please read the Research Participant Information Sheet for the FALCON study before starting to complete this form. If you are happy to participate please complete and sign the consent form below

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|   | **Activities** | Initials |
| 1 | I confirm that I have read the attached information sheet version [insert version] dated [insert date] for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. |   |
| 2 | I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that if I withdraw from the study all data that has already been collected will be retained. I agree to take part on this basis. |   |
| 3 | I agree to my GP being informed of my participation in this study. |  |
| 4 | I agree to have blood, swab and saliva samples taken for the research purpose as explained to me. I understand that the research using my samples aims to improve the way we diagnose COVID-19. |  |
| 5 | I understand that the sponsors of this study may store and make my samples and data available to other researchers for future research and that this may include researchers working abroad. I give permission for these individuals to have access to my samples and data. |  |
| 6 | I understand that sections of any of my 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 my taking part in this research. I give permission for these individuals to have access to my data. |  |
| 7 | I agree that any data collected may be published in anonymous form in academic books, reports or journals. |  |
| 8 | I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study. |  |
| 9 | I agree for a copy of my consent form to be sent to the study sponsor, Manchester University NHS Foundation Trust |  |
| 10 | I agree to take part in this study |  |

**Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet.**

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Name of Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person taking consent Signature Date

*If due to infection control concerns the consent form cannot be signed by the patient, a member of the research or clinical team can witness the consent.*

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Name of the witness Signature Date

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