**Personal Legal Representative Consent Form**

If consent from a personal legal representative is being taken in person or over the phone, the boxes are to be initialled by the **researcher** completing the consent 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 Personal Legal Representative Information Sheet [insert version] dated [insert date] for the above study to the participant’s personal legal representative and have explained the study background to them |   |
| 2 | I confirm that the participant’s personal legal representative 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 legal representative agrees for the participant’s GP to be informed of their participation in this study. |  |
| 4 | The participant’s personal legal representative 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 legal representative 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 legal representative 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 legal representative agrees that any data collected may be published in anonymous form in academic books, reports or journals. |  |
| 8 | The participant’s personal legal representative 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 legal representative agrees for a copy of the participant’s consent form to be sent to the study sponsor, Manchester University NHS Foundation Trust |  |
| 10 | The participant’s personal legal representative understands that the involvement is voluntary and that they are free to withdraw at any time, without giving any reason and the participant’s medical care or legal rights being affected. |  |
| 10 | I confirm that the participant’s personal legal representative has indicated that they agree to their relative/ward taking part in the study |   |
| 11 | I understand that written consent must be obtained as soon as possible either from the participant’s personal legal representative or the participant themselves and that the participant’s personal legal representative must be provided with a copy of the Information Sheet and a copy of this declaration. |  |

**Continued overleaf**

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| Relationship to participant: |  |  |  |  |
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|  |  |  |  |  |
| Name of Personal Legal Representative |  | Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Name of researcher completing consent |  | Signature |  | Date |

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

1 copy for the personal legal representative, 1 copy for the research team (original), 1 copy for the medical notes