RAPTOR-C19 Study Team
Nuffield Department of Primary Care Health Sciences
Radcliffe Primary Care Building - University of Oxford
Woodstock Rd
Oxford OX26GG
Chief Investigator: Professor Richard Hobbs.
Email: RAPTOR@phc.ox.ac.uk

Study Code: *Site ID Code:* *Participant identification number:*

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ASSENT FORM

RAPid Testing fOR Covid-19 (RAPTOR-C19)

If you agree, please initial box

1. I have read the information sheet dated 01/06/2020 (Version 1.0) for this study. I have thought about it, and have been able to ask questions and get answers that helped me.	
2. I know that I do not have to be in the study if I don't want to and I can stop at any time without saying why.	
3. I agree to be in this study.	

_____ _____

Name of Participant *Date*

_____ _____

Name of Person Taking Assent *Date*

Tick if completed verbally and documented by person taking assent ☐

**1 copy for participant; 1 copy for researcher site file; 1 copy to be kept in medical notes* (if participant is a patient).