

The RESCUE_{icp} study

Patient Representative Consultee Form

For adults who are unable to consent to research

Patients details (or pre-printed label)

Patient's Surname/family name.....

Patient's first names.....

Date of birth.....

Hospital Number.....

Male Female

Health Professional/Researcher.....

Job title.....

To be retained in Patients notes, Case Report Form and a copy to patient consultee

A) Details of Research study proposed;

Decompressive Craniectomy Following traumatic Brain Injury

Medical or surgical therapy

B) Assessment of Patient’s capacity;

I confirm that the patient lacks capacity to give or withhold consent to this procedure or course of treatment because:

the patient is unconscious

C) Involvement of the patient’s family and others close to the patient

I/we have been involved in a discussion with the relevant health professionals over the treatment of (Patient’s name)

I/We have read the consultee information sheet and been given opportunity to ask questions.

I/We believe that..... would not object to being involved in this research study.

I/We understand the he /she is unable to give his/her own consent, based on the criteria set out on this form.

I/We understand that my relative’s medical notes will be looked at by responsible members of the research team

I understand that we are free to withdraw our relative at any time if we feel this is not in his/her best interests.

Name.....Relationship to patient.....

Address.....

.....

.....

Signature.....Date.....

If a person close to the patient was not available in person, has this matter been discussed in any other way

Yes **No**

Details:

Signature of health professional proposing research

Where possible and appropriate I have discussed the patient's condition with those close to him or her, and taken their knowledge of the patient's views and beliefs in determining their participation in the research project.

I have/have not sought a second opinion for adults who are unable to consent.

Signature:..... Date.....

Name..... Job title.....

Where second opinion sort, s/he should sign below to confirm agreement:

Signature..... Date.....

Name..... Job title.....