Platform Randomised trial of INterventions against COVID-19 In older peoPLE - PRINCIPLE

REC Number: 20/SC/058 **IRAS Number: 281958** **EudraCT Number: 2020-001209-22**

Chief Investigator: Professor Christopher Butler **Participant ID:**

CONSENT FORM

Thank you for completing the screening questionnaire, you have passed the screening stage for the trial.

Please read the Participant Information Sheet if you haven't already done so, and if you are willing to participate please select 'Yes', TYPE your FIRST and LAST names below and then click Submit

If you agree, please select 'Yes' to confirm that you have read and understood the following:

		YES	NO
1	I confirm I have read and understood the information sheet version number ____-_____dated __ __ / __ __ __ / __ __ __ __ for the above study. I have had the opportunity to ask questions and had these answered satisfactorily.		
2	I understand my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.		
3	I understand that if I chose to withdraw data already collected will continue to be used.		
4	I understand that I will be randomised to receive either: standard care plus the trial treatment or standard care and I will not be able to choose which I will receive.		
5	I understand that relevant sections of my GP and Hospital medical notes and data collected during the study may be looked at by members of the research team and individuals from University of Oxford. It may also be reviewed by relevant people from regulatory authorities and from the NHS Trust(s). I give permission for these individuals to have access to my records.		
6	I consent to being contacted by the research team for the purposes of trial follow up and I understand that this will require me to provide my contact details to the research team.		
7	I consent to my GP and/or Care Home being informed of my participation within the study.		
8	I agree to take part in the study		
	ADDITIONAL (optional, not required for study participation)	**YES**	**NO**
1	*I agree to provide the research team with the contact details of my Trial Partner. I confirm my Trial partner is aware of their role and willing to answer questions.*		
2	*I am happy to be contacted by the research team to be invited to a telephone interview at the end of the study.*		

	(Taking part in the interview is optional and will not affect your study participation. If you agree to be contacted, the research team will contact you with details of the interview in approximately 28 days. You can then decide whether you want to take part or not.)		
3	I consent to allow the study team to access my sample results which are part of the RCGP RSC and PHE surveillance programme, the trial team to inform my GP of the results if required		

If you are the participant completing the consent form, please provide your signature below

Participant Signature:

First Name:_____ Last Name:_____

Date: __ __ / __ __ / __ __ __ __

If the participant has provided verbal consent, but they are unable to complete the consent form due to lack of online access, too unwell, too frail or consent is completed via the telephone (the participant must have capacity), please provide:

1. Name of the participant
First Name:_____ Last Name:_____

Date: __ __ / __ __ / __ __ __ __

2. Signature of person completing the form
First Name:_____ Last Name:_____
Role: Study Partner/Trial Team Member/Health Care Professional

Date: __ __ / __ __ / __ __ __ __

You will have the opportunity to print a copy of the consent form after submission. Please contact the study team if you would like a copy sent to you

By submitting, I confirm that I am the person whose name is stated above.

If you have any questions about this or any other part of the study please contact the study team:

Tel: 0800 138 0880 Email principle@phc.ox.ac.uk