

COPIA Feasibility trial (Comparison between Propofol and Inhalational Anaesthetic Agents on Cardiovascular Outcomes following Cardiac Surgery)

CONSENT FORM



Investigator: ______ Patient Name: ______

Please initial each box



I confirm that I have read and understand the COPIA Patient Information Sheet dated 26th July 2019, version 1.1. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

I understand that relevant sections of my medical notes and data collected during the study, may be looked at (by individuals from the sponsor of the trial (King's College Hospital), from the London School of Hygiene and Tropical Medicine and responsible persons authorised by the sponsor, from regulatory authorities or from the NHS Trust). I give permission for these individuals to have access to my records (which may include them being sent a copy of this consent form).



I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.



I agree to my GP being informed of my participation in the study.

I understand that blood samples will be taken and sent to a biochemistry laboratory for further analysis. I understand that any leftover samples may be stored and used in future ethically approved research.

I agree to take part in the study.

	Print name	
Patient signature	Date and time	
	Print name	
Person taking consent signature	Date and time	

When completed: 1 copy for participant, 1 copy in the medical notes. Original to be kept in the Investigator Site File