



Hospital Trial ID Code:

Direct Line XXXXX

OSCAR STUDY

PATIENT CONSENT TO CONTINUE

(Patients regaining capacity in ICU)

*Version 2 – 3 Sept 2007
REC reference: 07/MRE00/73*

Title of project: OSCAR: A study to investigate whether high frequency oscillatory ventilation or conventional positive pressure ventilation is of benefit to patients in the Intensive Care Unit.

- 1 I confirm that I have read and understand the information leaflet dated Version 2 – 3 Sept 07 for the above study and have had the opportunity to ask questions.
- 2 I understand that I am voluntarily agreeing to participate in the study and that I am free to withdraw at any time, without giving any reason.
- 3 I confirm that:
 - o That the study office can contact me by post to find out how I am in six months time, or, if necessary they can contact my family doctor, or my friends/relatives named on the original consent form signed by my legal representative.
 - o That sections of my medical record can be looked at by responsible individuals involved with the study and transcribed onto an anonymised study form
 - o That appropriate personal identifying information will be collected, stored and used by the study office to enable follow up of my health status. This is on the understanding that any information will be treated with the strictest security and confidentiality.
 - o That the Office of National Statistics will be used to help keep in touch with me or to help follow up my health (and that for this purpose my details may be sent, in confidence, to the study office).
 - o That my family doctor records may be looked at by my general practitioner to identify my location or health status in the future. These details may be shared with, and held at, the study office.
 - o That this consent form will be stored at the study office for monitoring purposes.
 - o That Members of the University of Oxford or Health Technology Assessment monitoring/auditing team may require access to my relatives details. Confidentiality of personal details will be maintained throughout this process.

**If you would like further information before signing this form please contact:
[Name and Tel number here]**

Name (PRINT)	Date	Signature
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Name of person taking consent	Date	Signature
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