Informed Consent

Patient Identification Information		
	To print blank form	
	Click here	
Subject Notes		
(Subject.GUPI) (Subject.PatientNum) GUPI Patient Number	(Subject.DateInj) Date (Subject.EnrollDate) Date of injury Enrolment dd-mmm-yyyy	e of (Subject.DateOfAdmission) Date Of Admission (Ward OR ICU)
(Subject.ValidGUPI) Ualid GUPI		
(Subject.PatientType) Stratum (Subject.Co	ohort) MRI Substudy	
Informed Consent (Subject.InfConsTyp) Type of initial consent Informed consent (by subject) oral Informed consent (by subject)	(Subject.InfConsInitialDate) Date of initial consent dd-mmm-yyyy	(Subject.InfConsInitialTime) Time of initial consent hh:mm
written Proxy consent verbal Proxy consent written Deferred consent Waiver of consent		
(Subject.InfConsWhen) Confirmation of consent Written proxy consent BEFORE enrolment Written proxy consent AFTER enrolment	(Subject.InfConsDate) Date of written consent dd-mmm-yyyy	(Subject.InfConsTime) Time of written consent hh:mm
Written informed consent by patient		
(Subject.InfConsBy) Consent obtained by Doctor (MD) Nurse Research assistant Other	Consented for (check all that apply)	
	(Subject.InfConsentData) Data (Subject.InfConsentBlood) Blood (Subject.InfConsentDNA) DNA (Subject.InfConsentMRI) MRI (Subject.InfConsentOutcomeAssmts) Outcome assessments	
(Subject.EnrolledInOtherStudy) Enrolled i No Yes Unknown	n other study	
(Subject ObservStudyRegistry) Observation	nal Study/Registry	

CREACTIVE TARN or EuroTARN registry German Trauma registry Net-QuRe Other Registry Other Observational Study		
(Subject.ObservStudyOtherRegistry) Please specify other registry:		
(Subject.ObservStudyOtherObservStudy) Please specify other observational study:		
(Subject.RandomizedControlTrial) Randomized Controlled Trial CRASH-3 EPO-TBI Eurotherm POLAR (Oxy-TC) NOSTRA Other Randomized Clinical Trial (Subject.Associated Study) Associated Study RESCUE-ASDH TAHITI PROLABI		
(Subject.RandomizedControlTrialOther) Please specify other randomized clinical trial:		
(Subject.ConsentWithdrawn) Consent Withdrawn		
(Subject.ConsentWithdrawnDate) Date consent withdrawn dd-mmm-yyyy hh:mm		
(Subject.ConsentWithdrawnReason) Reason for withdrawing consent		
(Subject.WithdrawalOption) Withdrawal Option Complete Withdrawal (no further contact, destruction of all data and samples collected up to that point) No further study related activities, but consent to access of clinical notes and use of existing data		