Participant Informed eConsent Form

PROTECT platform electronic informed consent form.

www.protectresearch.org / protect-admin@qmul.ac.uk

Response was added on 08/14/2025 12:25pm.

A national perioperative platform trial to improve outcomes for surgical patients (PROTECT) trial
PARTICIPANT INFORMED CONSENT FORM (version 2.0, dated 19/06/2025)

IRAS: 353122 **Name of Principal Investigator: Dr Test PI**

Study ID: 36-40 **Site Name: Test location**

How was consent received: Face to face

Please read each statement below and if you agree, check the box next to it.

1. I confirm that I have read and understand the Participant Information Sheet version 2.0, dated 19/06/2025 for the PROTECT Platform trial. I have had the time to think about the information, ask questions and I am satisfied with the answers I have been given.	⊗ Yes
2. 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.	⊗ Yes
3. I understand that information collected about me including my name, sex at birth, date of birth, postcode and Health Service Number will be sent to NHS organisations (NHS England or equivalents in Wales, Scotland and Northern Ireland) to obtain information about my health status for the purpose of this research.	⊗ Yes

4. I understand that sections of any of my medical notes, including previously recorded health data, and data collected during the study, may be looked at by the researchers, the Sponsor (and its representatives), regulatory authorities, and the NHS Trust/ Health Board, where it is relevant to this research. I give permission for these individuals to have access to my records.	⊗ Yes
5. 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.	⊗ Yes
6. I understand that the information will be stored securely and only used for medical research purposes and that I will not be identified in any way in the analysis and reporting of the results.	⊗ Yes
7. I agree to my General Practitioner being contacted if necessary to ask about my health status.	⊗ Yes
8. I agree for my data to be securely stored and archived for 25 years by Queen Mary University of London, and for my data to be securely processed and stored by Swansea University, UK.	⊗ Yes
9. I agree for study questionnaires to be reported on my behalf by a proxy if I am unable to complete them	⊗ Yes
10. I agree to take part in the PROTECT platform trial.	⊗ Yes

Analgesia with ibuprofen for patients undergoing elective major Gastro-Intestinal Surgery (PROTECT-AEGIS) Trial
PARTICIPANT INFORMED CONSENT FORM (version 2.0, dated 19/06/2025)

IRAS: 1011239 **Name of Principal Investigator: Dr Test PI**

Study ID: 36-40 **Site Name: Test location**

How was consent received: Face to face

Please read each statement and if you agree, check the box next to it.

1. I confirm that I have read and understood the Participant Information Sheet version 2.0, dated 20/01/2025 for the PROTECT-AEGIS Trial. I have had time to think about the information, ask questions, and I am satisfied with the answers I have been given.	⊗ Yes
2. 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.	⊗ Yes
3. I agree to my General Practitioner being informed of my participation in the trial.	⊗ Yes
4. I agree to take part in the PROTECT-AEGIS trial.	⊗ Yes

Participant agreement

Name of Participant	Test participant
Date of consent	2025-08-14
Participant Signature	

Designated responsible person agreement

Print Name and role of person taking consent (Designated responsible person):	Admin Admin
Date	2025-08-14
Signature	

Principal Investigator or Medical delegate agreement

Print name of Principal Investigator/medical delegate:	Admin Admin
Date	2025-08-14
Signature	
Consent date	2025-08-14