

Critical Care Research Group
Nuffield Department of Clinical
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University of Oxford



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PARTICIPANT CONSENT FORM

CUREC Approval Reference: R63796/RE001

Mapping Of Lower Limb skin pErfusion (MOLLIE)

Purpose of Study: To investigate leg skin perfusion at rest and changes created to the perfusion pattern in response to phenylephrine and glyceryl trinitrate (GTN) infusions.

Please initial each
box

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|---|---|--------------------------|
| 1 | I confirm that I have read and understand the information sheet version 2.0 dated May 2019 for the above study. I have had the opportunity to consider the information carefully, ask questions and have had these questions answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty. | <input type="checkbox"/> |
| 3 | I have been advised about the potential risks associated with taking part in this research and have taken these into consideration before consenting to participate. I understand that the study visit involves video equipment and the recordings will be saved for subsequent analysis. | <input type="checkbox"/> |
| 4 | I have been advised as to what I need to do for this research (especially with regard to the phenylephrine and GTN administration) and I agree to follow the instructions given to me. I understand that taking part will involve having a drip and application of a tourniquet on one leg which will stay inflated for one minute. | <input type="checkbox"/> |
| 5 | To the best of my knowledge, I do not meet any of the exclusion criteria outlined in the information sheet for this research. If this changes at a later date during study participation, I agree to notify the researchers immediately. | <input type="checkbox"/> |
| 6 | I understand that data collected during the study may be looked at by designated individuals from the University of Oxford. I give permission for these individuals to access my data. | <input type="checkbox"/> |
| 8 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input type="checkbox"/> |
| 9 | I agree for data collected in this study to be shared with other researchers, including those working outside of the EU, to be used in other research studies. I understand that any data shared will be fully anonymised so that I cannot be identified. | <input type="checkbox"/> |

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|----|--|--------------------------|
| 10 | I understand how this research will be written up and published. I agree to the use of anonymised data (including videos) in research publications. | <input type="checkbox"/> |
| 11 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input type="checkbox"/> |
| 12 | I understand how to raise a concern or make a complaint. | <input type="checkbox"/> |
| 13 | I agree to take part in the study | <input type="checkbox"/> |

	<i>dd / mm / yyyy</i>	
Name of Participant	Date	Signature

	<i>dd / mm / yyyy</i>	
Name of person taking consent	Date	Signature