

Hospital:

Patient Name:

1. Information about the study has been provided to me: I confirm that I have read and understood the Participant Information Leaflet (V1.0 13-Mar-2020) I have had the opportunity to consider the information and ask questions. These have been answered satisfactorily.

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

3. Access to study data about me: I give permission for relevant sections of my medical notes and information collected during the study to be looked at, in confidence, by authorised individuals from this hospital, the University of Oxford, and regulatory authorities to check that the study is being carried out correctly.

4. Access to my medical information: I agree that medical information collected by the doctors and hospitals which provide me with care and which may be located in local or national health and research organizations (including hospital admission, civil registration, audit and research data) may be provided to the study coordinating centre both during and for up to 10 years after the scheduled follow-up period. I understand that information that identifies me will be passed securely to such bodies to make this possible and that I can opt out of this at any time by writing to the coordinating centre team.

5. Data stored on computer: I understand that information about my progress in the study will be recorded on a computer database, and that this data will be stored on computers supervised by the University of Oxford. I understand that this information will be kept securely and confidentially.

6. Agreement to take part: I have read the information (or had it read to me), had an opportunity to ask questions and agree to take part in the above study.

.....
PRINTED name of participant

.....
Signature

...../...../.....
Today's date

.....
PRINTED name of person taking consent

.....
Signature

...../...../.....
Today's date

**1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes*

Hospital:

Patient Name:

If participant is not able to read the text but has capacity to give consent

I witnessed accurate reading of the consent form to the potential participant, who could ask any questions and got satisfactory replies.

I confirm that they gave their consent freely.

.....
PRINTED name of witness

.....
Signature

...../...../.....
Today's date

.....
PRINTED name of person taking consent

.....
Signature

...../...../.....
Today's date

If participant temporarily lacks capacity to give consent due to the severity of their medical condition (e.g. acute respiratory failure or need for immediate ventilation):

I have read the information (or had it read to me) and had an opportunity to ask questions.

I understand that the patient will be asked to confirm their consent as soon as they have the capacity to do so and that if they wish, they will be able to withdraw from the study without it affecting their medical care.

I believe that if they were able to, the patient would wish to take part in this study.

.....
PRINTED name of Legal Representative

.....
Signature

...../...../.....
Today's date

.....
PRINTED name of person taking consent

.....
Signature

...../...../.....
Today's date

**1 copy for legal rep; 1 copy for researcher site file; 1 (original) to be kept in participant medical notes*

Invitation to participate

We are inviting adults (aged 18 years or older) who have been admitted to hospital with COVID-19 to consent to join this research study comparing possible treatments.

This form gives information about the study including the aims, risks and benefits of taking part.

WHAT YOU SHOULD KNOW ABOUT THIS RESEARCH STUDIES:

1) Why is this research being done?

Your doctors have found that you have a lung disease called COVID-19. This condition is caused by a type of virus called SARS-CoV-2, or coronavirus for short.

About 8 out of 10 patients who get coronavirus get better without coming to hospital. Of those who are admitted to hospital, most also get better, but some may need oxygen or mechanical ventilation before they do so. However, a few percent do not get better.

There are no drugs of proven value against COVID-19 although there are several which may turn out to be helpful when added to the usual standard of care. This study aims to find out whether any of these additional treatments are of any help.

2) What is the purpose of this study?

This study aims to compare several different treatments that may be useful for patients with COVID-19. These treatments have been recommended by the expert panel that advises the Chief Medical Officer in England. Some are tablets and some are injections. Although these treatments show promise, nobody knows if any of them will turn out to be more effective in helping patients recover than the usual standard of care at your hospital (which all patients will receive).

The treatments, given in addition to the usual care at your hospital, are: Lopinavir-Ritonavir (commonly used to treat HIV); inhaled Interferon (usually given by injection to treat multiple sclerosis, hepatitis C, and some blood disorders); or dexamethasone (a type of steroid, which is used in a range of conditions typically to reduce inflammation). The side-effects are well-known and your doctor will be able to monitor you appropriately.

3) Who is doing the study?

The study is being conducted by researchers at the University of Oxford, which acts as the sponsor for the research, working with doctors at many hospitals across the UK.

4) Who is being included in the study?

Patients may be included in this study if they are at least 18 years of age, have COVID-19 confirmed by a laboratory test for coronavirus, and are in hospital. Patients will not be included if the attending doctor thinks there is a particular reason why none of the study treatments are suitable.

5) What will happen to me if I agree to be included in this study?

If you decide to join, you will be asked to sign the consent form. Next, brief details identifying you and answering a few questions about your health and medical conditions will be entered into a computer.

The computer will then allocate you at random (like rolling a dice) to one of the possible treatment options. In all cases this will include the usual standard of care for your hospital. It may also include an additional treatment, which might be a course of tablets or injections. Neither you nor your doctors can choose which of these options you will be allocated.

Additional information about your health will be recorded and entered into the study computer but no additional visits will be required after you leave the hospital. In some instances, information may be obtained about you from medical records or databases so that the study team can get more detailed or longer term information about the effects of the study treatments on your health for up to 10 years after the end of your participation.

6) What are the possible benefits of being in the study?

We do not know if any of the treatments being tested will have additional benefits. Your study treatment may or may not help you personally, but this study should help future patients.

7) What are the possible risks of being in the study?

Apart from the known side effects of these treatments, there is the unlikely possibility of a severe reaction to a study drug. Once you have been included in the study, you and your doctors will know which treatment the computer has allocated for you. Your doctors will be aware of whether there are any particular side effects that they should look out for.

8) Can I stop the study treatment or my participation early?

If you or your doctor want to stop the study treatment before the course has been completed, then you are free to do so. If you decide that you do not wish any more information to be collected about you, you are free to say so (although de-identified information that has been collected up to that point will continue to be analysed by the research team).

9) If I have any questions or problems, who can I call?

If you have any questions please telephone 0800 1385451 or speak to your hospital medical team. Further information about the study will also be available on the study website ([URL to be confirmed](#)).

10) What information do you hold about me and how do you keep it private?

All information about you and your health will be kept private. The only people allowed to look at the information will be the doctors who are running the study, the staff at the study coordinating centre, and the regulatory authorities who check that the study is being carried out correctly. A privacy notice is on the study website.

11) Do I have to take part?

Joining the study is voluntary. Your decision whether to take part will not affect the care you receive at this hospital.

12) Are there any financial costs or payments?

All trial treatments will be free. Neither you nor your medical staff will be paid for your participation in this study.

13) What else can you tell me?

The study is funded by UK Research and Innovation and the National Institute for Health Research, not the makers of any of the study treatments. If we find out any new information that might affect your decision to stay in the study, we will give it to you.

The University of Oxford, as Sponsor, has appropriate insurance in place in the unlikely event that you suffer any harm as a direct consequence of your participation in this study. NHS indemnity operates in respect of the clinical treatment that is provided.