

INFORMED CONSENT FORM

Full Investigation Title	Mapping Organ Health following COVID-19 Disease due to SARS-CoV-2 Infection		
Site ID		Participant ID	
Investigators			

		Please initial box	
1.	I confirm that I have read and understand the information sheet dated 20/April/2021, Version 7.0 for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily		
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 or legal rights being affected		
3.	I understand that relevant sections of data collected during the study may be looked at by Perspectum, and Regulatory authorities where relevant to my taking part in this research. I give permission for these individuals to have access to my data		
4.	I understand that the information collected about me may be used in an anonymous form to support other research in the future, including outside the EU, related to COVID-19 disease. It will not be possible for me to be identified from this information		
5.	I understand that the MRI scan and blood tests are for research. Any concerns raised about a possible abnormality on my scan and/or tests, will be communicated to me and passed on to my GP.		
6.	I agree for the study team to access my hospital and primary care medical records		
7.	I agree for my de-identified blood samples to be used in future research related to COVID-19 disease, here or abroad (including outside the EU), in investigations which have been given ethics approval, as well as for non-commercial or commercial pre-clinical and development work. I understand and agree that Perspectum may, for the purposes described, share my de-identified samples with third parties from which it may receive reasonable compensation to cover its operational costs.		
8.	I agree to donate blood samples. I consider these samples a gift to Perspectum and I understand I will not gain any direct personal or financial benefit from them		
9.	I agree to take part in this study		
10.	[OPTIONAL]: If available on the day of my visit, I agree to have a spirometry test, (a measure of my lung function)	Yes	No
11.	[OPTIONAL]: If available on the day of my visit, I agree to have a pulse oximetry test to measure my oxygen saturation	Yes	No
12.	[OPTIONAL]: If available on the day of my visit, I agree to have a cardiopulmonary exercise test to assess the performance of your heart and lungs	Yes	No

Subject:	Informed Consent Form - Healthy Volunteer	IRAS ID:	282636
Chief Investigator:	Dr Rajarshi Banerjee	Version/Date:	20 April 2021 7.0
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13.	[OPTIONAL]: If available on the day of my visit, I agree to have a 6-minute walk test to assess your endurance	Yes	No
14.	[OPTIONAL] I understand that the information collected about me may be used in an anonymous form to support other research in the future, including outside the EU, not related to COVID-19 disease. It will not be possible for me to be identified from this information	Yes	No
15.	[OPTIONAL] I agree for my de-identified blood samples to be used in other future non-COVID-19 related research, here or abroad (including outside the EU), in investigations which have been given ethics approval, as well as for non-commercial or commercial pre-clinical and development work, not related to COVID-19 disease. I understand and agree that Perspectum may, for the purposes described, share my de-identified samples with third parties from which it may receive reasonable compensation to cover its operational costs.	Yes	No
16.	[OPTIONAL] I agree that anonymised images generated from my MRI scan and relevant research data may be used for academic publications and patient communication purposes by Perspectum. I understand my contact details and study ID will not be included in any of these materials	Yes	No
17.	[OPTIONAL] I agree to be contacted by Perspectum about future research activities for which I may be interested. I understand that agreeing to be contacted does not oblige me in any way to participate in any further research. I agree for Perspectum to retain my contact details and understand that these will be stored in a dedicated, secure database with restricted access. Furthermore, I agree for Perspectum to retain study data that can be linked to my contact details to identify studies specifically suited to my health status	Yes	No

Name of Participant

Date

Signature

Name of Person Taking Consent

Date

Signature

Subject:

Informed Consent Form - Healthy Volunteer

IRAS ID:

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Chief Investigator:

Dr Rajarshi Banerjee

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