

## INFORMED CONSENT FORM

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

		Please initial box	
1.	I confirm that I have read and understand the information sheet dated 17/Dec/2020, Version 3.0 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 is 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 to take part in this study		
8.	[OPTIONAL]: If available on the day of my visit, I agree to have a spirometry test, (a measure of my lung function)	Yes	No
9.	[OPTIONAL]: If available on the day of my visit, I agree to have a pulse oximetry test to measure my oxygen saturation	Yes	No
10.	[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
11.	[OPTIONAL]: If available on the day of my visit, I agree to have a 6-minute walk test to assess your endurance	Yes	No
12.	[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
13.	[OPTIONAL] I agree that anonymised images generated from my MRI scan and relevant research data may be used for academic publications and patient communication	Yes	No

Subject:	Participant Information Leaflet & Informed Consent Form - Healthy Volunteer	IRAS ID:	282636
Chief Investigator:	Dr Rajarshi Banerjee	Version/Date:	17 Dec 2020 3.0
Short Title:	COVERSCAN	Page:	1 of 2

	purposes by Perspectum. I understand my contact details and study ID will not be included in any of these materials		
14.	[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*

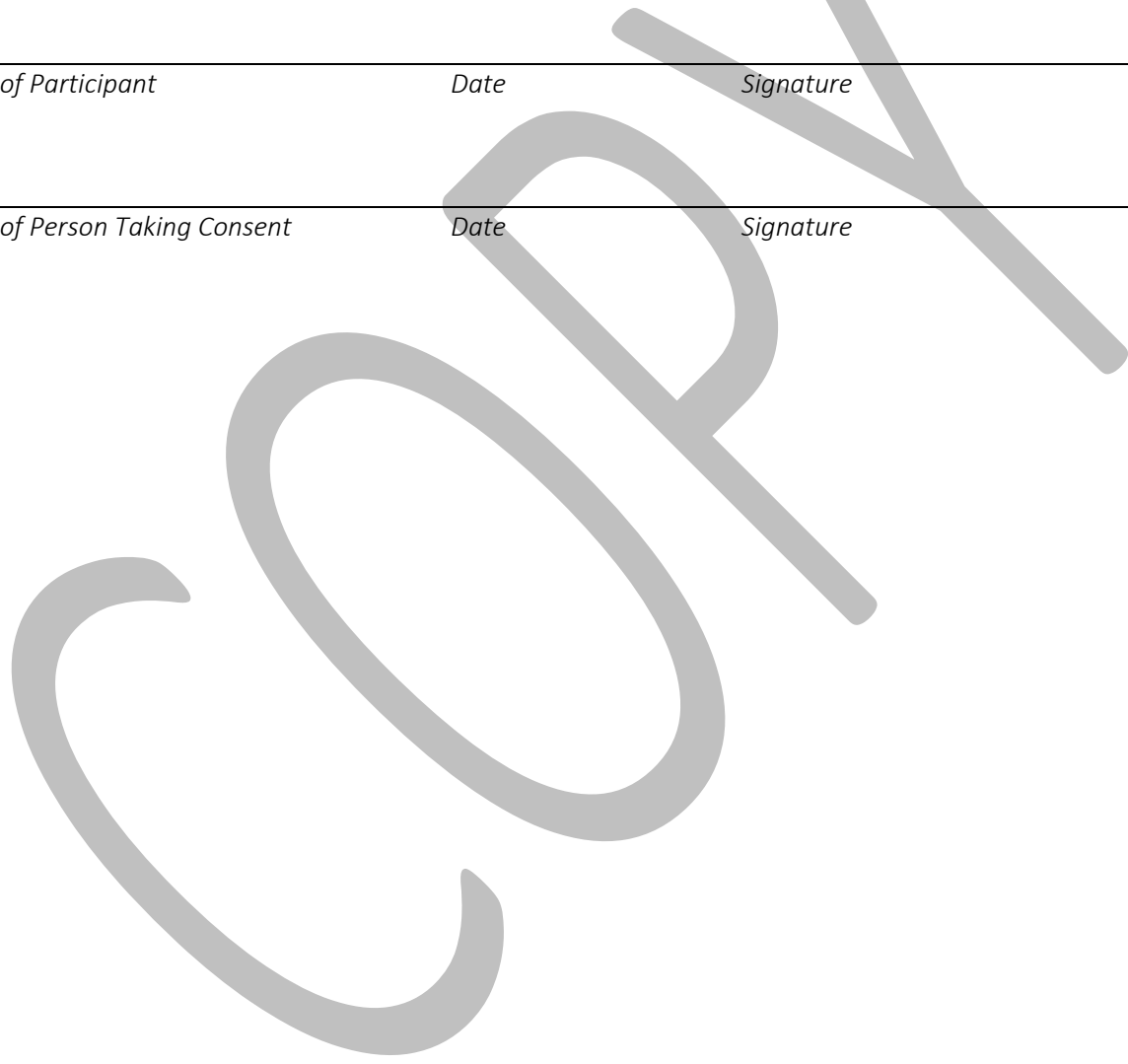
*Date*

*Signature*

*Name of Person Taking Consent*

*Date*

*Signature*



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Chief Investigator:	Dr Rajarshi Banerjee
Short Title:	COVERSCAN

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Page:	2 of 2