

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 17/Dec/2020, Version 8.0 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		
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 understand and agree that my samples will be used in research aimed at understanding the genetic influences on COVID-19 disease and that I will not be given results of such tests		
10.	I agree to take part in this study		
11.	[OPTIONAL]: If available on the day of my visit, I agree to have an echocardiogram (an ultrasound to look at the health of my heart)	Yes	No
12.	[OPTIONAL]: If available on the day of my visit, I agree to have a spirometry test, (a measure of my lung function)	Yes	No
13.	[OPTIONAL]: If available on the day of my visit, I agree to have a pulse oximetry test to measure my oxygen saturation	Yes	No

Subject:	Participant Information Leaflet & Informed Consent Form	IRAS ID:	282636
Chief Investigator:	Dr Rajarshi Banerjee	Version/Date:	17 Dec 2020 8.0
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14.	[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
15.	[OPTIONAL]: If available on the day of my visit, I agree to have a 6-minute walk test to assess your endurance	Yes	No
16.	[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
17.	[OPTIONAL] I agree for my de-identified blood samples to be used in other future research, here or abroad (including outside the EU), in investigations which have been given ethics approval and are not related to COVID-19 disease	Yes	No
18.	[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
19.	[OPTIONAL] I agree to be contacted by Perspectum about future research activities for which I may be interested, as well as opportunities for media outreach. I understand that agreeing to be contacted does not oblige me in any way to participate. 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:

Participant Information Leaflet & Informed Consent Form

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Chief Investigator:

Dr Rajarshi Banerjee

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