

Consent Form for Participants

Full Title of Project: Remote monitoring use in suspected cases of COVID-19 (coronavirus): REMOTE-COVID trial

Name of Principal Investigator: Prof A Darzi

Please initial box

1. I confirm that I have read and understand the participant information sheet dated 25/3/2020 version 6 for the above study and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	
3. I understand that I will be wearing a wearable monitoring patch.	
4. I understand that I will be asked to fill out a questionnaire and partake in an interview for my opinions on the sensor.	
5. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London, Chelsea & Westminster NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	
6. I give permission for these individuals to access my records that are relevant to this research.	
7. I give/do not give (delete as applicable) consent for information collected about me to be used to support other research in the future, including those outside of the EEA.	
8. I am aware that anything I say on the questionnaire/interview will remain anonymous; my name will not be used, nor any information that could identify me. A transcription service may be used to transcribe the information from the interview and all interview data will be anonymised.	
9. I understand that what I say to the researcher will be recorded using a digital voice recorder and saved on a computer at Imperial College London.	
10. I understand what will happen and consent to take part in the above study.	

Name of Participant

Signature

Date

Name of Person taking consent

Signature

Date