



Version n° 2
 Date : 16/05/2017

Attestation of consent
The PACMAN trial protocol – Perioperative Administration of
Corticotherapy on Morbidity and mortality After Non-cardiac major surgery:
a randomized, multicentre, double blind, superiority study
Promotor : *CHU Nantes*
Réf : RC17_0029 N° EudracT : 2017-000442-21

I under-sign, Mister, Miss (first name and surname).....
,
 Date of birth:/...../.....

Freely and voluntarily accept to participate to the PACMAN study, coordinated by Prof. Karim Asehounne and organized by CHU Nantes which acts as sponsor of the study.

Being said that :

- A medical doctor has provided clear information and responded to all my questions, has informed me that I am free to remove my consent when ever.
- I confirm that I am not under trusteeship and I am covered by medicare insurance.
- I have received a written letter precisizing the study aim, methodology, potential harms and benefice.
- I will have the opportunity to communicate during the study with my medical doctor, and receive informations on my health and outcomes.
- I am aware that I can withdraw my consent to participate when ever, without supporting any responsibility, but that I have to inform the doctor of my decision. The fact of discontinuing my participation to the study will alter neither my relationship with the doctors nor the quality of my cares.
- I accept that the investigators inform my generalist practitioner of my participation to this research:

Yes No
- If I want so, at the end of the study trial, I can be informed of the final results of the study.
- My consent do not limit the responsibilities and the duties of the medical doctor and of the study promotor, and I conserve all my rights guaranteed by the Law.

- I am free to participate to other clinical research providing that the study protocol do not alter the risk of postoperative complications.
- I accept that the information recorded during this study will be electronically stored by the promotor. The right to access to my stored personal data (modified Law of January the 6th of 1978, art 39) can be exercise when ever by contacting the investigator. I thus can use my right of rectification and of opposition by informing the investigator who will be responsible to contact the study promotor. My personal data will be anonymized and will remained confidential.
- The information recorded during the study can be provided to other French or foreign searchers, providing they guarantee the same level of exigence for the protection of my personal data.
- I accept that the persons involved in the study have access to my medical files.
- I consent to the use of my medical data in the purpose of communications or publications, provided that they are anonymized.



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<u>Patient signature:</u> 	Date : Name and Surname :
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Doctor who guarantees to have fully explain to the patient the aim, the design and the potential harms and benefits of the study research.

<u>Doctor signature :</u> 	Date : Name and Surname :
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Signed in 2 copies : the original is to be conserved by the investigator, the copy is provided to the patient.

Doctor to contact in case of emergency : Pr Karim ASEHNOUNE
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