# The IONIC Trial

## CONSENT FORM

**Study title:** IMU-838 and Oseltamivir in treatment of Novel Coronavirus (COVID-19)

**Name of Researcher:** Professor Ramesh Arasaradnam

IRAS ID: 282532

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>Please initial box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I confirm that I have read (or had read to me) and understood the information sheet dated 01.06.2020 (v2.0) for the above study. If I am unable to read or sign the consent I understand a witness was available to certify the accurate reading. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I understand that relevant sections of my medical notes and data collected during the study may be looked at by authorised individuals from UHCW NHS Trust or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I give consent for the information collected about me by the doctors, nurses and hospitals that provide me with care can be used to support other research in the future, and can be shared anonymously with other researchers for up to 25 years following my completion of the above study.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I agree to provide the blood and urine samples and understand that these may be stored and utilised in future research as specified in the Information Sheet dated (v2.0_01.06.2020) for the above study.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Should I choose to withdraw consent, I agree that information obtained from me in this study up to that point may still be used.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I understand that the information held and maintained by UHCW NHS Trust will be recorded on a computer database and that this data will be stored on computers supervised by UHCW. This data may be used to help contact me or provide information about my health status.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I agree to be contacted by telephone following discharge from hospital to collect follow-up information.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I agree to take part in the above study.</td>
<td></td>
</tr>
</tbody>
</table>

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**Name of Participant**  
**Signature**  
**Date**

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**Name of Person receiving consent**  
**Signature**  
**Date**

*When completed: 1 copy for the participant; 1 in their medical notes, and keep the original in the study site file.*

**IRAS No.282532_THE IONIC TRIAL_consent form v1.1_07.05.2020**

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WITNESS CONSENT FORM

Study title: IMU-838 and Oseltamivir in treatment of Novel Coronavirus (COVID-19)
Name of Researcher: Professor Ramesh Arasaradnam

Participant ID:

If participant is unable to read the text and/or sign for themselves but has capacity to give consent.

I witnessed the accurate reading of the consent form to the potential participant, who could ask any questions and got satisfactory replies.

I confirm that they gave their consent freely.

_________________________________________  ________________________  ____________
Name of Witness  Signature  Date

_________________________________________  ________________________  ____________
Name of Person receiving consent  Signature  Date

If consent is recorded over the phone.

I witnessed the accurate reading of the consent form to the potential participant, who could ask any questions and got satisfactory replies.

I confirm they gave their consent freely.

_________________________________________  ________________________  ____________
Name of Witness  Signature  Date

_________________________________________  ________________________  ____________
Name of Person receiving consent  Signature  Date

When completed: 1 copy for the participant; 1 in their medical notes, and keep the original in the study site file.

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