Informed consent for participation in a clinical trial

CTIS number: 2024-516208-41-00

Title of the clinical trial: The Intensive Care Platform Trial (INCEPT)

Sub-trial (domain): INCEPT-Thromboprophylaxis

Statement from the participant

I have received both written and oral information and I know enough about the purpose, methods, benefits, and drawbacks to agree to participate. I understand that participation is voluntary and that I may withdraw my consent at any time without losing my current or future rights to treatment. I consent to participate in the clinical trial and have received a copy of this consent form as well as a copy of the written information about the clinical trial for my own use.

Participants name: _____

Date: _____ Signature: _____

Statement from the research staff providing the information

I hereby declare that the participant has received both oral and written information about the clinical trial. In my opinion, sufficient information has been provided to enable a decision to participate in the clinical trial.

Name of the person who provided the information: _____

Date: _____ Signature: _____