Informed consent for participation from the relative

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 person providing proxy consent

I have received both written and oral information and I am sufficiently informed about the purpose and content of the clinical trial, including its benefits and drawbacks, to provide my consent. I understand that participation is voluntary and that I may withdraw my consent at any time without affecting my relative's current or future rights to treatment. I consent to the participation of the person named below in the clinical trial, and I 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: _____

Information about my relationship as a relative to the participant:

_____

Name of the relative providing proxy consent:

_____

Date: _____ Signature: _____

Statement from the research staff providing the information

I hereby declare that the relative has received both oral and written information about the clinical trial. In my opinion, sufficient information has been provided to enable a decision regarding the patient's participation in the clinical trial.

Name of the person providing the information: _____

Date: _____ Signature: _____

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