

Consent to the collection of follow-up data after withdrawal from the study intervention

CTIS number: 2024-516208-41-00

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

Study domain(s) from which the participant has withdrawn: _____

PARTICIPANT'S CONFIRMATION

You have decided to withdraw from the intervention(s) in the study domain(s) indicated above. However, to assess the study results as accurately as possible, it is important to know how study participants are doing after treatment. We therefore ask for your consent to continue collecting your follow-up data from your electronic medical record (for example, laboratory test results) and the national electronic health record for up to six months after your withdrawal from the study intervention.

You will not be contacted for the purpose of collecting these data, no additional examinations will be performed, and no other interventions will be carried out. The necessary information will be collected from your existing health data.

Providing consent for further data collection is voluntary. Your choice will not affect your withdrawal from the study intervention.

Please select one option:

☐ **YES, I consent to the continued collection** of my follow-up data from my electronic medical record and the national electronic health record for the study domain(s) indicated above for up to six months after my withdrawal from the study intervention.

☐ **NO, I do not consent** to the continued collection of my follow-up data from my electronic medical record and the national electronic health record or the study domain(s) indicated above after my withdrawal from the study intervention.

I confirm that the purpose and conditions of the continued collection of follow-up data have been explained to me and that I have been given the opportunity to ask questions. I have received sufficient information to make my decision voluntarily.

Participant's name: _____

Participant's signature: _____ Date of signature: _____

CONFIRMATION OF PHYSICIAN OBTAINING CONSENT

I confirm that I have explained to the study participant the purpose and conditions of the continued collection of follow-up data. I have given the participant the opportunity to ask questions and have ensured that they have sufficient information to make an informed decision.

Name of physician obtaining consent: _____

Physician's signature: _____ Date of signature: _____