

## CONSENT FORM

Support: [mail](#) or +45 3545 7237

### Co-enrollment

C0 Co-enrollment

### Upload consent form

#### Trial Guardian 1

C1a Oral and written trial information given to Trial guardian 1  Oral and written trial information given

C1b Trial guardian 1 consent form

[Click to upload file](#)

C1c Optional comment

#### Trial Guardian 2

C2a Oral and written trial information given to Trial guardian 2  Oral and written trial information given

C2a1 Date when information was first given



C2b Trial guardian 2 consent form

[Click to upload file](#)

C2c Optional comment

#### Next of Kin

C3a Oral and written trial information given to Next of kin  Oral and written trial information given

C3a1 Date when information was first given



C3b Next of kin consent form

[Click to upload file](#)

C3c Optional comment

#### Patient

C4a Oral and written trial information given to Patient  Oral and written trial information given

C4a1 Date when information was first given



C4b Patient consent form

[Click to upload file](#)

C4c Optional comment

C5 All relevant consent forms collected  All relevant consent forms collected [\[info\]](#)

### Other comments

C6 Other Optional comments

