

CONSENT FORM

Hotline: +45 4829 6773

#	Question	Answer	Info	Validation and limits	Further comments for data manager
Co-enrollment					
C0	Co-enrollment	_____	All co-enrolled trials must be listed	Required	
Upload consent form					
Trial Guardian 1					
C1a	Oral and written trial information given to trial guardian 1	<input type="checkbox"/> Oral and written trial information given		Required	
C1b	Trial guardian 1 consent form	File must be up-loaded here	Click to upload file	Required	
C1c	Optional comment	_____			Textbox
Trial Guardian 2					
C2a	Oral and written trial information given to trial guardian 2	<input type="checkbox"/> Oral and written trial information given		Required	
C2a1	Date when information was first given	_____	Click on calendar to insert date	Required	

C2b	Trial guardian 2 consent form	File must be up-loaded here	Click to upload file	Required	
C2c	Optional comment	_____			Textbox
Next of Kin					
C3a	Oral and written trial information given to next of kin	<input type="checkbox"/> Oral and written trial information given		Required	
C3a1	Date when the information was first given	_____	Click on calendar to insert date	Required	
C3b	Next of kin consent form	File must be up-loaded here	Click to upload file	Required	
C3c	Optional comment	_____			Textbox
Patient					
C4a	Oral and written trial information given to patient	<input type="checkbox"/> Oral and written trial information given		Required	
C4a1	Date when the information was first given	_____	Click on calendar to insert date	Required	
C4b	Patient consent form	File must be up-loaded here	Click to upload file	Required	
C4c	Optional comment	_____			Textbox
C5	All relevant consent forms collected	<input type="checkbox"/> All relevant consent forms collected		Required	If this one is not clicked on – all comments for all

					consent forms becomes required
Other comments					
C6	Other optional comments	_____			Textbox