GODIF

CONSENT FORM

| Participant ID: _ _ _ _ | @GODIF |
|---------------------------|---------------|
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| CONSE | CONSENT FORM Hotline: +45 4829 6773 | | | | | | |
|------------------|--|--|--|-----------------------|---|--|--|
| # | Question | Answer | Info | Validation and limits | Further comments for data manager | | |
| | | Co-enrollm | ent | | | | |
| CO | Co-enrollment | | All co-enrolled trials must be listed | Not Required | Text area | | |
| | Upload consent form | | | | | | |
| Trial Guardian 1 | | | | | | | |
| C1a | Oral and written trial information given to trial guardian 1 | ☐ Oral and written trial information given | | Required | | | |
| C1b | Trial guardian 1 consent form | File must be up-loaded here | Click to upload file | | Available and Required on C1a checked | | |
| C1c | Optional comment | | | | Text area | | |
| Trial Guardian 2 | | | | | | | |
| C2a | Oral and written trial information given to trial guardian 2 | ☐ Oral and written trial information given | | Required | | | |
| C2a1 | Date when information was first given | | Click on calendar to insert date | Required | Available and Required on C2a checked | | |

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| C2b | Trial guardian 2 consent form | File must be up-loaded here | Click to upload file | Required | Available and Required on C2a checked |
|------|---|--|----------------------------------|----------|---|
| C2c | Optional comment | | | | Text area |
| | | Next of K | (in | | |
| СЗа | Oral and written trial information given to next of kin | Oral and written trial information given | | Required | |
| C3a1 | Date when the information was first given | | Click on calendar to insert date | Required | Available and Required on C3a checked |
| C3b | Next of kin consent form | File must be up-loaded here | Click to upload file | Required | Available and Required on C3a checked |
| C3c | Optional comment | | | | Text area |
| | | Patient | | | |
| C4a | Oral and written trial information given to patient | ☐ Oral and written trial information given | | Required | |
| C4a1 | Date when the information was first given | | Click on calendar to insert date | Required | Available and Required on C4a checked |
| C4b | Patient consent form | File must be up-loaded here | Click to upload file | Required | Available and Required on C4a checked |
| C4c | Optional comment | | | | Text area |

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CONSENT FORM

| Participant ID: _ _ _ | 0 | G | 0 | D | IF | 1 |
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| C5 | All relevant consent forms collected | All relevant consent forms collected | | Not Required | If C5 is checked, the Optional Comments text areas are changed to Required for those consents not uploaded and the corresponding C*a and C*b fields are changed to Not Required |
|----------------|--------------------------------------|--------------------------------------|--|--------------|---|
| Other comments | | | | | |
| C6 | Other optional comments | | | | Text area |