

To be signed by relative



Proxy consent to research participation

EudraCT number: 2020-003363-25

Title:

Higher vs. Lower Doses of Dexamethasone in Patients with COVID-19 and Severe Hypoxia:
the COVID STEROID 2 trial

Declaration from person giving proxy consent

I have received written and oral information about the trial, and I am informed of objective, methods, benefits and harms of the trial to give proxy consent. I am informed that it is voluntarily to participate, and that I can always withdraw my proxy consent. Withdrawal will not affect the current or future rights to treatment for my relative. I hereby give proxy consent to research participation for the subject stated below. I have received a copy of this consent form and written information about the trial for personal use.

Name of subject: _____

Relation to subject: _____

Name of relative giving proxy consent: _____

Date: _____ Signature: _____

Declaration from trial personnel giving information about the trial

I declare that the relative have received written information about the trial.

Name of person giving information: _____

Date: _____ Signature: _____