



## Proxy consent to continued data registration

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 do not give proxy consent to research participation, but I hereby give proxy consent to continued data registration 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: \_\_\_\_\_