

Title: Consent form

Instructions:

CONSENT FORM

Support: [mail](#) or phone +45 4829 6773

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