Proxy consent from the trial guardian for an emergency medical clinical trial

CTIS number: 2023-509703-33-00

Title of the clinical trial
Empirical meropenem vs piperacillin/tazobactam for adult patients with sepsis

Statement from the trial guardian

I hereby declare that I have received both oral and written information about the specific clinical trial as well as information regarding the patient's condition. I am not involved in the clinical trial and, acting as the guardian of the patient's interests, I give consent for the person named below to participate in the research project.

Patient's name: _____

Name of the physician providing the trial guardian consent:

_____

Date: _____ Signature: _____

Statement from the Research Staff Providing the Information

I hereby declare that the trial guardian has received both oral and written information about the clinical trial. In my opinion, sufficient information has been provided to enable a decision regarding the patient's participation in the clinical trial.

Name of the person providing the information: _____

Date: _____ Signature: _____