CONSENT FORM

Study Code: *Site ID Code:* *Participant identification number:*

Study Title – STudying Acute ExaceRbations and Responses: COPD STARR 2 study

Chief Investigator: *Professor Mona Bafadhel*

If you agree, please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I give permission for samples of my blood to be taken for analysis and I regard these samples as a 'gift' to the University of Oxford, where I do not gain any personal or financial benefit from this gift.	
5. I give permission for members of the study team to contact me by telephone, writing or electronic communication for the purposes of the study.	
6. I give permission for my consent form, which contains identifiable information, to be securely transferred to the central coordinating centre, Oxford Respiratory Trials Unit, for the purpose of monitoring.	
7. I agree to take part in this study.	
Additional Permissions:	**(Please circle)**
8. I agree to be contacted about ethically approved research studies for which I may be suitable. I understand that agreeing to be contacted does not oblige me to participate in any further studies.	YES/NO
9. I agree for my anonymised samples to be used in future research, here or abroad, which has ethics approval. I understand this research may involve commercial organisations.	YES/NO

Name of participant	Date	Signature
Name of person taking consent	Date	Signature

**1 copy for participant; 1 copy for site file; 1 (original) to be kept/scanned in medical notes* (if participant is a patient); *1 copy for the central coordinating centre*