OPTIMISE2 Translated Consent Confirmation

Participant ID:

I confirm that I have had the trial explained to me via an interpreter. The interpreter has read out the most recently approved Patient Information Leaflet and consent form in (insert language), I have understood and had an opportunity to ask questions

I consent to participate in this trial.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD/MMM/YYYY) Participant Signature

Details of Person Providing Interpretation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[To be duplicated below in participant’s primary language]

I confirm that I have had the trial explained to me via an interpreter. The interpreter has read out the most recently approved Patient Information Leaflet and consent form in (insert language), I have understood and had an opportunity to ask questions

I consent to participate in this trial.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD/MMM/YYYY) Participant Signature

Details of Person Providing Interpretation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_