**TCC-COVID Consent Form -** *Adult providing own consent*

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| **Title** | *TCC – COVID: A single-arm observational study of an app-based model of care for patients managed in community isolation with COVID-19 infection* |
| **Short Title** | *TCC-COVID* |
| **Protocol Number** | *1.4* |
| **Project Sponsor** | *South Eastern Sydney Local Health District* |
| **Site Principal Investigator for [Insert site]** | *[Insert name]* |
| **Coordinating Principal Investigator** | *Dr. Sze-Yuan Ooi,* |
| **Associate Investigator(s)** | *Prof Branko Celler, Dr Paul Hamor, Dr Jennifer Yu, Prof Nigel Lovell, Prof Guenter Schreier, Dr Praveen Indraratna* |
| **Location** | *[Insert site]* |

**Declaration by Participant**

* I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
* I understand the purposes, procedures and risks of the research described.
* I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Prince of Wales Hospital concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.
* I have had an opportunity to ask questions and am satisfied with the answers.
* I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
* I understand that I will be given a copy of this document to keep.
* I understand that, if I decide to discontinue the study, I may be contacted to allow collection of information regarding my health status. Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.

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|  | Name of Participant (please print) | |  |  |  |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
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**Consent to linking health information**

• I consent to the linking of my personal and health information with the NSW Ministry of Health records for hospital and emergency departments, ambulance service, births, marriage or death registries

• I consent to the researchers affiliated with the study using my linked health information for the purposes of the study in a manner that does not disclose my identity.

OR I choose to opt out of the linking of my personal and health information as described in the information sheet. I understand this opt out does not impact on my participation in the other parts of the study.

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|  | Name of Participant (please print) | |  | | |  |
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|  | Signature |  | | Date |  |  |
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