

## **Consent Form**

Title: Illawarra COVID-19 Outcome Study (ICOS)

Principal Investigator: Dr Stuart Tan (stuart.tan@health.nsw.gov.au)

Investigators: Dr Lyndel Hewitt (lyndel.hewitt@health.nsw.gov.au), Dr Jose Cuenca

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This study is being conducted by the team listed above. I understand that the data collected will be used to determine the longer term clinical and functional outcomes and to identify health issues and health needs among individuals diagnosed with Covid-19.

I consent for the data to be used anonymously in that manner. I agree to the following:

## **Declaration by Participant**

- I have read the Participant Information Sheet
- I understand the purposes, procedures and risks of the research described in the project
- I have had an opportunity to ask questions and I am satisfied with the answers I have received
- I freely agree to participate in this research project as described and understand that I am
  free to withdraw at any time during the project without affecting my relationship to the
  investigators or with the Local Health District
- I understand that I will be able to keep a copy of this signed document
- I give permission for the investigators of this study to obtain my results from the ISLHD COVID-19 testing centre
- I will provide the investigators my past medical history, a list of my current medications, investigation results and information required for the purpose of the study.
- I authorise the investigators to obtain and clarify medical information required for the study from hospital records, my GP/specialists and other health care professionals.
- I understand that all information collected in this study will remain confidential and that I cannot be identified in any research and academic studies, which may be published.
- I consent for the use of my collected information in future research if secondary or incidental findings are found as long as my data remains anonymous
- I consent for my data (de-identified you cannot be identified) to be uploaded onto a public digital repository if required to do so for publication of this research into a scientific journal
- I understand that I can withdraw my consent to participate in the research project by telling one of the study investigators.

Complaints may be directed to the joint University of Wollongong / Illawarra Shoalhaven Local Health District health & medical Human Research Ethics Committee. Phone: 02 4221 3386, Email: <a href="mailto:research-services@uow.edu.au">research-services@uow.edu.au</a> Address: Research Services Office, Building 20, Level 1, University of Wollongong, Northfields Ave, Wollongong NSW 2522

Signature of Participant	Please PRINT name	Date
Address of Participant		
Contact number of Participant		
Signature of Investigator	Please PRINT name	 Date

