

Covidsurg Week Patient information and Consent

Patient information

Covidsurg Week is an international study looking at the impact of coronavirus infection on the outcomes of surgical treatment. Coronavirus or Covid-19 is a viral infection of the respiratory organs which spreads from person to person. It has become a global health problem affecting millions worldwide and posing a major challenge to the doctors in making decisions for the treatment of their patients requiring surgeries as there is no previous data on it.

In the Covidsurg Week study we will be collecting data about your surgery and how you have been after the surgery. There will be no change in your treatment. Data will be collected at the time of operation and at 30-days after the operation either in-person if you are visiting the hospital at 30 days for your routine follow-up or telephonically. You will not be required to make any extra visit to the hospital for this. The information collected from you will provide useful insight into how Covid-19 affects the results of surgical treatment. This will guide the doctors in making decisions for the future. This data will not include any patient identifiable information, will be stored safely on an online platform and will be accessed only by authorised personnel for the purpose of research. Participation in this study does not put you under any unnecessary risk. If you wish to seek any further information you may ask your doctor regarding the same.

If you agree to take part, you will be agreeing to the collection and transfer of information about your operation and your health following the operation. You are free to withdraw your consent at any time upto 30-days after the surgery, without giving a reason. This would not affect the care you receive in any way.

Consent

I have read the above information/ had the above information read to me and understood the nature of the study. I have been given the opportunity to ask questions about it to my doctor. I know that the consent for my data collection is voluntary and I can withdraw my consent at any time from the surgery upto 30-days without giving any reason.

I wish to allow my doctors to use the information from my surgery for this study.

Name of the patient-

Signature/Thumbprint of the patient-

Name of the witness-

Signature of the witness-

Name of the research team member-

Signature of the research team member-

Name of the PI

Address of the PI

Name and Address of the hub