

To be signed by participant



## Consent to continued data registration

EudraCT number: 2020-003363-25

**Title:**

Higher vs. Lower Doses of Dexamethasone in Patients with COVID-19 and Severe Hypoxia:  
the COVID STEROID 2 trial

**Declaration from person giving consent**

I have received written and oral information about the trial, and I am informed of objective, methods, benefits and harms of the trial to give consent. I am informed that it is voluntarily to participate, and that I can always withdraw my consent. Withdrawal will not affect my current or future rights to treatment. I do not give consent to research participation, but I hereby give consent to continued data registration. I have received a copy of this consent form and written information about the trial for personal use.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Declaration from trial personnel giving information about the trial**

I declare that the participant has received written information about the trial.

Name of person giving information: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_