**Informed Consent for participating in an international health research study**

**Protocol title**

Agents Intervening against Delirium in Intensive Care Unit (AID-ICU): An international inception cohort study

**Statement from the patient**

I have been given written and verbal information and I know enough about the objectives, methods, advantages and disadvantages to say yes for participation. I know that it is voluntary, and that I can withdraw my consent without losing any current or future rights to treatment. I hereby give my consent to participate in the AID-ICU study, and I have received a copy of this informed consent and a copy of the written information on the project for my own use.

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I wish to be informed about the results of the research project.

Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

**Declaration of the person who has submitted information:**

I hereby declare the subject has received verbal and written information about the study and has had the opportunity to ask questions. In my view, there have been given sufficient information to enable that an independent decision is taken, in order to participate in the research project.

Name of the person who has given information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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