

To be signed by participant



Consent to research participation

EudraCT number: 2020-001395-15

Title

Low-dose hydrocortisone in patients with COVID-19 and severe hypoxia – the COVID STEROID 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 hereby give consent to research participation. 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: _____