



## Proxy 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 proxy 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 proxy consent. I am informed that it is voluntarily to participate, and that I can always withdraw my proxy consent. Withdrawal will not affect the current or future rights to treatment for my relative. I hereby give proxy consent to research participation for the subject stated below. I have received a copy of this consent form and written information about the trial for personal use.

Name of subject: \_\_\_\_\_

Relation to subject: \_\_\_\_\_

Name of relative giving proxy consent: \_\_\_\_\_

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

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

I declare that the relative have received written information about the trial.

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

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