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Platform Adaptive trial of NOvel antiViRals for eArly treatMent of covid-19 In the Community: The PANORAMIC Trial

Legal Representative Cover Letter

You have been given this information because you have been identified as possibly suitable to act as a legal representative for [patient's name]. A legal representative may be someone who has a personal relationship with the patient, such as a family member, friend or carer, who can make decisions about medical care, or taking part in medical research, when a person no longer has capacity to make the decision themselves.

When reasonable steps have been taken to identify a personal legal representative and one is unavailable, then a professional legal representative may be identified. This person may be involved in the patient's care in a professional capacity but they must have no connection with the research project. A suitable person who might act as a nominated consultee is an independent doctor working with the patient or nominated by the healthcare provider.

We are inviting people who are experiencing symptoms of Covid-19 to consent to join [a study to find new antiviral treatments for Covid-19] and [patient's name] may be eligible to join. Please find enclosed the participant information leaflet, this is the information we would provide to [patient's name] if they were able to consent for themselves.

We are asking you to consider if, taking into account any thoughts and/or wishes [patient's name] expressed, including any advance care directive or contemporaneous expressions of will they may make, if you believe [patient's name] would wish to join this study. Please also consider the impact taking part may have on their quality of life, for example, they may have to take additional medications, and if you feel this would be acceptable to them. If you do not want to make this decision on their behalf then you do not have to and this will not affect [patient's name] care in anyway. If you are happy to take this decision and believe that [patient's name] would wish to take part we will ask you to sign a consent form on their behalf. We will also let you know what arm of the trial they have been randomised to join and if you change your mind at any stage you can withdraw [patient's name] and this will not affect their care in anyway.



Please feel welcome to discuss the study with [patient's name] health care team, friends and/or family before making a final decision if you wish to. You can also contact the study team at principle@phc.ox.ac.uk or by calling 08081 560017 to discuss the study further. Many thanks for considering [patient's name]'s participation in this study. If you are happy to proceed we would be grateful if you could sign below.

Thank you once more for your time.

Best Wishes

<Central/Local Staff Details>

I confirm that I am happy to act as the legal representative of [patient's name] for the purpose of consenting to take part in PANORAMIC.

Name:

Relationship to patient:

Signature:

Date:

Please return this form to [Insert local details]