

Authorized informed consent
(In case the patient is unable to understand and consent)

Study Title: International observational study To Understand the impact and BEst practices of airway management in critically ill patients

With respect to the proposal that

_____ (first and last names of participant)

participates to the previously mentioned study,

I _____ (first and last names of authorized party) as _____ (relationship with participant)

declare that I

- Have read the "INTUBE Study" patient information sheet
- Have been able to ask questions concerning the study
- Have received sufficient information with respect to the study

I have also spoken with _____ (researcher's first and last names) and I understand that participation to the study will not affect any medical care that the patient I am representing should receive.

I am aware that his/her participation is voluntary.

I realise that he/she can withdraw from the study:

- Whenever he/she wishes
- Without having to give any explanations
- Without suffering any repercussion with respect to his/her medical attention.

I freely give my consent for _____ (participant's name) to participate to this study.

Signature of Authorized party:

Date: ____/____/____

Signature of Researcher:
