

Research Consent Form Version: November 2022 Subject Name:

MRN or DOB:

Subject Identification

DOCUMENTATION OF WITHDRAWAL AND CONSENT TO CONTINUE LIMITED PARTICIPATION

You are currently taking part in a research study. Study participation is voluntary, and you may decide to stop taking part now or at any time. We encourage you to talk to the study doctor/study staff about your decision.

Information about the study you are participating in, including the study number, study title and name of Principal Investigator is listed below:

Study Number	Study Title	Principal Investigator Name
2023P000252	Supplemental Oxygen in Pulmonary Embolism (SO-PE): A Mechanistic Trial	Christopher Kabrhel, MD, MPH

Please initial your choice below:

I withdraw my consent from all study related interventions

Some people who withdraw from study interventions remain in interested and willing to continue in other components of the study. Using this form, we are asking you to document any component of the study you agree to continue to participate in.

I agree to continue as a study participant in the following ways:

- Continue with follow-up visits and tests that will be used for research purposes
- Allow information to be collected from my medical records
- Allow the study team to contact my primary care physician for information
- Allow the study team to contact my family/caregiver for information

____ I do not want to provide any more information to this research study. Note that information that has already been obtained will remain as part of the research record.

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IRB Protocol No: 2023P000252	IRB Expiration Date: 4/9/2025
Consent Form Valid Date: 5/24/2024	IRB Submission: AME10



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Please note: If this is a study regulated by the Food and Drug Administration (FDA), the FDA requires that any information collected up to the point of your withdrawal cannot be removed from the study.

BIOLOGICAL SAMPLES

Please initial your choice below:

_____ Tissue and blood samples collected as part of the study **may** continue to be stored for future research purposes.

Tissue and blood samples collected as part of the study **may not** be stored for future research purposes and I request that they be destroyed at the storage site. Please note: samples that have already been used/shared for research cannot be withdrawn.

____ Not Applicable – No samples have been collected.

SIGNATURE

Participant Signature	Date	
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Participant Printed Name_____

Legally Authorized Representative _____ Date _____

Study Doctor or Person Obtaining Consent _____ Date _____

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