UNIVERSITY OF ALBERTA

Regained Capacity Consent Form

Title of Project: STandard versus Accelerated initiation of Renal Replacement Therapy in Acute Kidney Injury (STARRT-AKI): A Multi-Centre, Randomized, Controlled Trial

Principal Investigator: Phone Number: XXX-XXX-XXXX

Co-Investigators:

Because your illness or injury made it impossible for you to participate fully in the informed consent process, the consent was obtained from your family member/friend on your behalf. Your family member/friend believed you would have wished to participate in this research if you had been able to express your own opinion at the beginning of the research project.

Informed consent is essential throughout a research project. This means in your situation, you are now being given the opportunity to agree or disagree with the decision made by your family member/friend for you to participate. A member of the study team will go over the Information and Consent Form signed on your behalf, and answer all of your questions about the study. Any information that was obtained before when the researchers were acting on your family member/friend's consent for your involvement will remain part of the study information, but it is now your choice whether to continue.

Please check the appropriate boxes to indicate your decision:

- ❑ I wish to remain in the study. I have reviewed the information and consent form originally signed on my behalf, and my questions have been answered.
- ❑ I wish to withdraw from the study.

If you have questions or concerns about your rights as a study participant, you may contact the **Research Ethics Office** of The University of Alberta at **780-492-2615**. This office has no affiliation with the study investigators.

Participant's Name	Signature and Date
Investigator/Delegate's Name	Signature and Date

You have received a copy of the original information sheet that was reviewed by your family member/friend's and a signed copy of this consent form has been given to you for your records and reference.