**Deferred Consent Process for Research Participation**

**Title of Project:** *LoW Dose-Intensity vs. Standard Dose-Intensity COntinuous Renal ReplaceMent Therapy in Critically Ill Patients (WISDOM): A Pilot Randomized Trial*

**Principal Investigator:** Dr. Sean Bagshaw Telephone: 780-492-8597

The patient named below is being enrolled in this research study through a deferred consent process.

When a previously incapacitated participant regains capacity, or when a substitute decision-maker is found, consent shall be sought promptly for continued participation, along with for continued data collection or tests (if applicable) related to participation in the research study. Seeking consent prior to study participation is always preferable.

If the substitute decision-maker/authorized representative after contact does not give consent, then no further participation, data capture or tests (if applicable) related to the study will be captured. Any data or samples collected for study purposes will be destroyed.

If no substitute decision-maker/authorized representative is available and the patient does not regain capacity, the research team will report and seek guidance on further participation (if applicable) from the Research Ethics Board.

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date/time assessed for enrolment:** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) at \_\_:\_\_ (time)

**Reason(s) deferred consent process is used (check all that apply):**

\_\_\_\_ The patient is unconscious and lacks capacity to understand the purpose, methods and benefits/risks of the research study.

\_\_\_\_ No substitute decision-maker/authorized representative is available to provide consent and attempts to contact them have been unsuccessful despite diligent and documented efforts.

\_\_\_\_ A substitute decision-maker/authorized representative (name and relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been contacted by telephone, and the purpose, methods, and benefits/risks of participation in the study have been explained. While the substitute

decision maker has given verbal consent for participation (and have been documented), written consent has yet to be obtained.

\_\_\_\_ No relevant prior directive by the patient is known to exist.

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Signature of authorized independent physician) (Date and Time)**