**Regained Capacity Consent Form**

**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

Because your illness made it impossible for you to participate fully in the informed consent process, consent to participate in this research study was either by a process of deferred consent or having consent obtained from your substitute decision maker (family member). Your substitute decision maker 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 study.

Informed consent is essential throughout a research study. This means in your situation; you are now being given the opportunity to agree or disagree with the decision made by your substitute decision maker 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.

If you agree to stay in the study, please sign below. If you do not agree, tell the study staff so that all data already collected about you will be destroyed.

If you have questions or concerns about your rights as a study participant, you may contact the Research Ethics Office, at 780-492-2615. This office is independent of the researchers.

Consent:

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.

|  |  |  |
| --- | --- | --- |
| Participant’s Name |  | Signature and Date |
|  |  |  |
|  Investigator/Delegate’s Name |  | Signature and Date |

A signed copy of this consent form will be given to the participant, as well as the original consent form signed on behalf of the participant.