



International Hypothermia Registry Patient Consent Form - **EXAMPLE**

Dear Patient, dear Madam, dear Sir,

You, or someone close to you, has had an accident followed by severe hypothermia (i.e. very low body temperature). Hypothermia is a rare condition and its treatment is complicated. Once the body has been rewarmed to a normal temperature, complications, such as lung and brain oedema often follow which can be very serious. To better understand why complications occur, how to avoid them and thus find the most effective treatments, we have proposed to collect and study certain key information of accidental hypothermic patients. The data relate to the type of accident, the temperature, some laboratory values, the treatment and the state of health after rewarming. In addition, we also follow-up the patient one year after the accident. All this data is collected anonymously in a highly secured registry based at the University Hospital in Geneva, so that no one, except the doctor who collected the data, has access to the identity of the patient through the hospital record.

By signing below, you agree that you (or your loved one, who is unable to decide at this time), give your consent to enter your data in the International Hypothermia Registry, and that you may be contacted within one year to check on your (his/her) condition. In addition, be aware that you can contact us at any time to have your anonymous data erased from the Registry.

I have read and understood the above information and agree to participate in the International Hypothermia Registry (IHR)

Patient Name: Date of Birth:

Treating Physician:

Date and Place:

Patient, or his/her representative:

Name:

Telephone N°:

e-mail:

Signature: