Witness Attestation - Informed Consent Form

In the matter of providing informed consent for participation in the:

Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings (CanTreatCOVID)

I, (name of witness), attest that, (name of research staff), read the contents of the CanTreatCOVID informed consent form to (patient’s name) on (date of informed consent) and addressed all questions and concerns raised. I additionally attest that (patient’s name) provided their informed consent freely and without coercion on (date of informed consent).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_