

**Conventional Ventilation or  
ECMO for  
Severe  
Adult  
Respiratory Failure**



**Agreement to become a CESAR trial centre (EIP)**

- We the undersigned have read and understood the Emergency Inclusion Protocol (EIP) set out in the document accompanying this agreement.
- We undertake to discuss this protocol with the duty hospital manager before the patient is entered into the trial.
- We undertake to obtain the signature of the hospital manager as soon as possible following trial entry and to return to the CESAR Clinical Co-ordinating Centre, Leicester within one week of trial entry.
- We undertake to apply to become a CESAR trial centre.
- We understand that this will involve an application to the Local Research Ethics Committee (LREC).
- We understand that the EIP can only be used in exceptional circumstances and that it is not usually possible for a hospital to use the EIP more than once.
- We have given information about CESAR to the patient's relative(s).

*Please complete using block capitals*

**NAME OF PATIENT** \_\_\_\_\_ **DOB** \_\_\_\_\_

**NAME OF HOSPITAL** \_\_\_\_\_

**NAME OF CONSULTANT INTENSIVIST** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Time (24hr clock)** \_\_\_\_\_ **Date** \_\_\_\_\_

**NAME OF DUTY HOSPITAL MANAGER** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Time (24hr clock)** \_\_\_\_\_ **Date** \_\_\_\_\_

**This document must be signed by the consultant intensivist responsible for the intensive care of the patient in question. If there is not time to get the signature of the duty hospital manager, please arrange for this signature to be obtained as soon as possible thereafter and return this Agreement in the envelope provided.**

**Please return by fax to 0116 250 2374  
The Glenfield Transport Team will not leave Leicester until this fax has been  
received.**