

Appendix 2

Professional Legal Representative Nomination Form

Study Number:	Study Title:	
CI:	PI:	Site Number (if applicable)

Once completed the original of this form should be filed in the Trial Master File/Investigator Site File and copies given to the Professional Legal Representative and the Research Governance office.

I confirm that I have been given sufficient written and verbal information and training about the above clinical trial to act as a Professional Legal Representative. I also confirm that I have read the UoL SOP for Inclusion of Incapacitated Adults in Research Studies Sponsored by the University of Leicester and that I am not connected with the study.

Nominated Professional Legal Representative

Name (Print)

Signature

Position

I confirm that I have provided written and verbal information and training about this clinical trial to the nominated Professional Legal Representative named above.

Chief/Principal Investigator:

Name (Print)

Signature

Position

Date

University of Leicester Research Governance Office Signatory:

Name (Print)

Signature

Position

Date