**Appendix 2 - Professional Legal Representative Nomination Form**

|  |  |
| --- | --- |
| **Study Number:** |  |
| **Study Title:** |  |
| **Chief Investigator:** |  |
| **Principal Investigator:** |  |
| **Site Name/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:** |  |
| **Date:** |  |

**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:** |  |