

## Consent and consultation arrangements for research with adults lacking capacity

Type of research study	Who should be asked	What they should be asked	What is given	What documentation is needed*
<b>Clinical trial (CTIMP) in England and Wales</b>	<p><b>Legal representative:</b></p> <ol style="list-style-type: none"> <li>1. Person independent of trial and providing care (e.g relative)</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>2. Doctor primarily responsible for adult's treatment, or another independent person nominated by healthcare provider</li> </ol>	Presumed will of potential participant	Informed consent	<p>Information Sheet for Legal Representative</p> <p>Consent Form for Legal Representative</p>
<b>Clinical trial (CTIMP) in Scotland</b>	<p><b>Legal representative:</b></p> <ol style="list-style-type: none"> <li>1. Guardian or welfare attorney authorised to take decisions about research OR</li> <li>2. Nearest relative OR</li> <li>3. Doctor primarily responsible for adult's treatment, or another independent person nominated by healthcare provider</li> </ol>	Presumed will of potential participant	Informed consent	<p>Information Sheet for Legal Representative</p> <p>Consent Form for Legal Representative</p>
<b>Research that is not a clinical trial (non-CTIMP) in England and Wales</b>	<p><b>Consultee:</b></p> <ol style="list-style-type: none"> <li>1. Unpaid person with an interest in the person's welfare</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>2. Person in a professional capacity who is independent of project</li> </ol>	Wishes and feelings of potential participant	Advice as to the person's wishes and feelings and whether they would decline to take part if they had capacity	<p>Information Sheet for Consultee</p> <p>Declaration Form for Consultee</p>
<b>Research that is not a clinical trial (non-CTIMP) in Scotland</b>	<p><b>Guardian or welfare attorney</b> authorised to take decisions about research</p> <p>OR</p> <p><b>Nearest relative</b></p>	Informed consent	Informed consent	<p>Information Sheet for Nearest Relative/Guardian or Welfare Attorney</p> <p>Consent Form for Nearest Relative/Guardian or Welfare Attorney</p>

\* In addition to participant information such as accessible/pictorial versions, and information and consent documents for participants who regain or recover capacity