



Dear Participant

**Re: Illawarra Covid-19 Outcome Study (ICOS)**

I am a Senior Staff Specialist in the Illawarra Shoalhaven Local Health District. I am writing to you to invite you to participate in our Covid-19 Outcome Study. If you are under 18 years old, parent/guardian's consent is required.

Being a new medical condition we do not understand how Covid-19 can affect the human body in the longer term. Reports from overseas suggest that Covid-19 may cause ongoing health issues after the initial recovery period. We do not know how long it takes for Covid-19 patients to return to full function and their pre-Covid lifestyle.

We would appreciate if you could kindly help us understand Covid-19 better by enrolling in our online/telephone study which will only take about 10 minutes to complete. All information supplied by you will be de-identified and remain fully confidential. **We would like to hear from you even if you have completely recovered.**

For further information, please scan the QR code below to read the Participant Information Sheet.



To participate, please read the consent on the back of this page and then do **one** of the following:

1. **Email** your consent to participate to: [ISLHD-CovidResearch@health.nsw.gov.au](mailto:ISLHD-CovidResearch@health.nsw.gov.au)
2. **SMS** "I agree to participate in the ICOS Study" to: **0459 887 682**
3. **Telephone 0459 887 682** and leave a message.
4. **Post** to: Lyndel Hewitt, ICOS Study, Research Central, Level 8, Wollongong Hospital, NSW 2500.

Please do not hesitate to call **0459 887 682** or email us on [ISLHD-CovidResearch@health.nsw.gov.au](mailto:ISLHD-CovidResearch@health.nsw.gov.au) if you need further clarification.

Your participation in this study will help us understand how we can help Covid-19 patients in the community. Thank you very much for your assistance.

Kind regards

*Stuart*

**Dr Stuart Tan** MBBS (NSW), FAFRM (RACP)  
**Specialist Physician in Trauma & Rehabilitation**



Consent Form – under 18 years of age

Title: Illawarra COVID-19 Outcome Study (ICOS)

Principal Investigator: Dr Stuart Tan (stuart.tan@health.nsw.gov.au)

Investigators: Dr Lyndel Hewitt (lyndel.hewitt@health.nsw.gov.au), Dr Jose Cuenca (jose.cuenca@health.nsw.gov.au), Olivia Fischer (olivia.fischer@health.nsw.gov.au).

This study is being conducted by the team listed above. I understand that the data collected will be used to determine the longer term clinical and functional outcomes and to identify health issues and health needs among individuals diagnosed with Covid-19.

I consent for the data to be used anonymously in that manner. I agree to the following:

Declaration by Participant

- I have read the Participant Information Sheet
I understand the purposes, procedures and risks of the research described in the project
I have had an opportunity to ask questions and I am satisfied with the answers I have received
I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my relationship to the investigators or with the Illawarra Shoalhaven Local Health District
I understand that I will be able to keep a copy of this signed document
I give permission for the investigators of this study to obtain my results from the ISLHD COVID-19 testing centre
I will provide the investigators my past medical history, a list of my current medications, investigation results and information required for the purpose of the study.
I authorise the investigators to obtain and clarify medical information required for the study from hospital records, my GP/specialists and other health care professionals.
I understand that all information collected in this study will remain confidential and that I cannot be identified in any research and academic studies, which may be published.
I consent for the use of my collected information in future research if secondary or incidental findings are found as long as my data remains anonymous
I consent for my data (de-identified – you cannot be identified) to be uploaded onto a public digital repository if required to do so for publication of this research into a scientific journal
I understand that I can withdraw my consent to participate in the research project by telling one of the study investigators.

Complaints may be directed to the joint University of Wollongong / Illawarra Shoalhaven Local Health District health & medical Human Research Ethics Committee. Phone: 02 4221 3386, Email: research-services@uow.edu.au. Address: Research Services Office, Building 20, Level 1, University of Wollongong, Northfields Ave, Wollongong NSW 2522.

I, ..... (Parent name) consent to my child ..... (Child's name) to participate in the research titled Illawarra COVID-19 Outcome Study (ICOS).

Signed by parent/guardian, Date ...../...../.....

Please PRINT name of parent/guardian

Please PRINT phone number of parent/guardian