PATIENT CONSENT FORM USE OF BARICITINIB IN HOSPITALISED ADULTS WITH COVID-19

ܦܘܼܬܵܐ (ܦܘܿܪܡ) ܕܡܲܩܒܠܵܢܘܼܬܵܐ ܕܡܲܪܥܵܢܵܐ ܩܵܐ ܡܦܲܠܚܵܢܘܼܬܵܐ ܕ BARICITINIB ܥܲܡ ܡܲܪ̈ܥܵܢܹܐ ܒܡܫܲܟܼܠܵܐ ܕܝܵܘܡܵܢܵܐ ܕܒܸܬܠܘܼܗܝ COVID-19

Baricitinib (Olumiant®) ܦܬܼܝܼܚܵܐ ܝܠܹܗ ܘܡܫܘܼܚܠܦܵܐ ܕܩܲܝܵܡ ܡܘܼܦܠܚܵܢܵܐ ܥܲܡ ܐܲܣܝܘܼܬܼܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕܡܸܬܒܲܥܬܵܐ ܦܫܝܼܛܵܐ ܕܡܲܪܥܵܐ ܕܡܘܼܠܵܘܵܬܼܵܐ ܕܝܲܕܼܥ̈ܵܢܹܐ ܘܡܲܪܥܵܢܵܐ ܕܢܲܕܼܘܵܐ (ܐܸܒܸܪܘܼܡ)، ܐܲܝܟܼ ܠܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕ COVID-19. ܕܐܲܣܝܘܼܬܼܵܐ [National COVID-19 Clinical Evidence Taskforce](https://covid19evidence.net.au/) ܡܘܼܡܝܼܬܼܵܐ ܝܠܹܗ ܡܫܲܪܝܵܢܘܼܬܼܵܐ ܒܗܘܼܝ ܐܸܢܵܐ baricitinib ܡܘܼܬܲܡܝܵܢܹܐ ܒܗܘܼܝ ܓܵܘ ܦܘܼܠܚܵܢܵܐ ܒܡܲܪܥܝܼܬܼܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕ COVID-19.

ܡܲܩܒܠܵܢܘܼܬܵܐ ܕܡܲܪܥܵܢܵܐ

ܒܡܲܠܟܵܬܼܵܐ ܕܡܲܪܥܵܢܵܐ ܥܲܠ ܐܸܢܵܐ ܦܘܿܪܡ، ܐܵܢܵܐ ܦܲܫܡܝܼܢܵܐ ܝܘܸܢ ܕ:

(write name of patient/person responsible)

- ܠܵܐ ܝܠܹܗ baricitinib (Olumiant®) ܦܬܼܝܼܚܵܐ ܡܫܘܼܚܠܦܵܐ ܕܩܲܝܵܡ ܡܘܼܦܠܚܵܢܵܐ ܥܲܡ ܐܲܣܝܘܼܬܼܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕ COVID-19؛
- ܗܵܕܵܐ ܠܹܗ ܡܫܲܪܝܵܢܘܼܬܼܵܐ ܒܗܘܼܝ ܒܗܵܕܵܐ ܦܵܐܸܫ baricitinib ܓܵܘ ܦܘܼܠܚܵܢܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕ COVID-19، ܘܐܵܢܵܐ\ܦܲܪܨܘܿܦܵܐ ܕܡܲܣܒܲܪܵܢܵܐ ܝܘܸܢ، ܩܲܒܸܠܠܹܗ ܒܟܠܵܠܵܐ ܕܗܵܕܵܐ ܡܲܢܝܼܵܢܵܐ\ܡܲܢܝܼܵܢܹܐ ܚܲܕ ܡܫܲܡܵܬܵܐ؛
- ܗܵܕܵܐ ܠܹܗ ܡܫܲܪܝܵܢܘܼܬܼܵܐ ܒܗܘܼܝ ܒܚܲܝܘܼܬܼܵܐ ܕ baricitinib ܐܸܢܵܐ ܕܩܲܢܬܵܐ ܝܠܹܗ ܡܘܼܦܠܚܵܢܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܵܐ ܕ COVID-19، ܘܗܵܕܵܐ ܕܡܲܦܸܠܵܐ ܐܵܦ ܥܲܡ ܘܡܫܲܪܝܵܢܘܼܬܼܵܐ ܕܩܲܝܵܡ ܡܲܢܵܐ ܒܡܲܣܟܼܝܼܢܵܐ ܒܡܲܥܠܵܢܘܼܬܼܵܐ، ܐܸܢܵܐ ܡܲܦܸܠܵܐ ܠܵܐ ܡܲܟܼܝܼܪܵܐ ܗܲܘܵܐ ܒܟܠܵܠܵܐ ܕܗܘܼܝ؛
- ܐܝܼܬܼ ܡܲܚܫܲܚܬܵܢܘܼܬܼܵܐ ܕܒܵܪܵܝܵܐ ܕܡܲܪܘܼܬܼܵܐ (ܡܲܒܠܝܼܵܐ ܘܠܵܐ ܡܲܒܠܝܼܵܐ) ܕܩܲܢܬܵܐ ܡܲܢܵܐ ܡܘܼܦܠܚܵܢܵܐ ܥܲܡ baricitinib؛ ܘ
- ܐܝܼܬܼ ܡܲܚܫܲܚܬܵܢܘܼܬܼܵܐ ܕܡܲܢܝܼܫܬܵܐ ܕܥܲܠܝܼܠܵܐ ܠܝܼܬܼܵܐ (ܡܲܒܠܝܼܵܐ ܘܠܵܐ ܡܲܒܠܝܼܵܐ) ܥܲܡ ܡܦܲܠܚܵܢܘܼܬܵܐ ܕ baricitinib.

ܐܵܢܵܐ ܡܲܪܕܘܼܬܼܵܐ ܝܘܸܢ ܕܐܸܬܼܠܹܗ ܗܵܘܝܵܐ ܦܘܼܪܨܵܐ ܕܲܟܼܫܵܐ، ܒܘܼܪܵܝܵܐ ܘܫܘܼܐܵܠܵܐ ܝܘܸܢ، ܒܟܘܼܝܵܢܵܐ ܘܡܲܠܦܵܢܘܼܬܼܵܐ ܕܡܘܼܒܲܠܵܐ ܝܘܸܢ ܩܵܐ ܒܘܼܩܵܪܵܐ.

ܦܲܫܡܝܼܢܵܐ ܝܘܸܢ ܕܦܲܫܬܼ ܕܒܫܲܠܝܼܛܝܼ ܠܗܘܿܝ ܝܲܬܼܵܒܼ ܘܐܲܪܒܥ ܠܵܐ ܡܲܩܒܠܵܢܘܼܬܼ ܕܦܵܫܬܵܐ ܕܲܪܡܵܢܵܐ ܒ baricitinib ܒܣܲܥܕ ܝܵܘܡܵܢܵܐ ܕܗܘܼܝ.

ܒܲܪ ܦܲܫܡܘܼܢܘܼ ܝܘܸܢ ܥܲܠܘܼ ܐܸܢܵܐ ܡܘܼܕܝܵܢܘܼܬܵܐ، ܐܵܢܵܐ ܒܡܲܩܒܠܵܐ ܝܘܸܢ ܕ baricitinib ܩܲܝܵܡ ܡܘܼܦܠܚܵܢܵܐ ܩܵܐ ܡܲܪܥܝܼܬܼܝ\ܡܲܪܥܝܼܬܼܵܐ ܕܦܲܪܨܘܿܦܵܐ ܕܐܵܢܵܐ ܡܲܣܒܲܪܵܢܵܐ ܝܘܸܢ ܩܲܒܸܠܹܗ.

ܫܸܡܵܐ ܕܡܲܪܥܵܢܵܐ: (Patient's name)	MRN:	ܒܥܘܼܡܪܵܐ: (Age)
ܚܲܬܡܵܐ ܕܡܲܪܥܵܢܵܐ (ܝܢ ܕܦܲܪܨܘܿܦܵܐ ܡܲܣܒܲܪܵܢܵܐ*): Signature of patient (or person responsible*))		ܣܘܼܩܵܪܵܐ: (Date)
ܫܸܡܵܐ ܘܚܲܬܡܵܐ ܕܣܵܗܕܵܐ: (Name & signature of witness)		ܣܘܼܩܵܪܵܐ: (Date)

ܣܵܗܕܵܐ ܠܵܐ ܒܸܬ ܗܵܘܹܐ ܚܲܕ ܡܲܢ ܦܲܠܚܵܐ ܕܒܢܲܟܵܐ ܡܲܪܥܝܼܵܢܵܐ. ܝܢ ܡܫܘܼܡܫܵܐ ܘܚܲܕ ܡܲܦܫܩܵܢܵܐ ܦܲܪܨܘܿܦܵܐ ܡܘܼܦܠܚܵܢܵܐ، ܡܲܦܫܩܵܢܵܐ ܠܵܐ ܩܵܐܸܡ ܕܗܵܘܹܐ ܚܲܕ ܣܵܗܕܵܐ ܩܵܐ ܪܘܼܚܵܐ ܕܡܲܩܒܠܵܢܘܼܬܵܐ. ܣܵܗܕܵܐ ܠܵܐܙܸܡ ܕܗܵܘܹܐ ܒܥܘܼܡܪܵܐ ܕ 18 ܫܸܢܹܐ ܝܢ ܒܲܠܲܠ.
(Witness is **not** to be a member of the treating team. In the event that an interpreter is used, the interpreter may **not** act as a witness to the consent process. Witness must be 18 years or older)

*ܝܢ ܦܲܪܨܘܿܦܵܐ ܡܲܣܒܲܪܵܢܵܐ ܠܲܚܬܵܐ ܝܠܹܗ ܕܡܲܪܥܵܢܵܐ، ܝܢ ܒܗܵܕܵܐ ܠܵܐ ܡܲܦܸܩ ܡܲܦܠܚܝ ܡܲܪܕܘܼܬܼܵܐ ܕܝܲܬܼܵܝܵܐ ܗܵܠܵܘ:

ܫܸܡܵܐ: (Name)	ܣܘܼܩܵܪܵܐ ܕܡܘܼܠܵܕܵܐ: (Date of Birth)
ܐܲܬܪܵܐ: (Address)	ܡܸܢܝܵܢܵܐ: (Contact Number)
ܐܲܚܢܘܼܬܵܐ (ܥܸܠܵܬܵܐ) ܥܲܡ ܡܲܪܥܵܢܵܐ: (Relationship to patient)	ܥܸܠܵܬܵܐ ܩܵܐ ܡܘܼܡܫܘܼܬܵܐ: (Reason for representation)

DOCTOR'S DECLARATION

☐ I have provided to the patient/their person responsible an explanation of the use of baricitinib, its potential benefits and harms and the relevant [Patient Information Leaflet](#).

I believe the information has been understood.

Doctor's name & designation:

Signature: **Date:**

If the patient cannot converse adequately in English, please use an accredited Health Care interpreter. Do not rely on relatives or other parties for interpreting.

Language: **Name of interpreter & ID #:**

Signature: **Date:**

Completed signed form should be kept in the patient's Health Record.

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