**Deferred Consent**

I confirm that this patient has life threatening features of septic shock and has been enrolled into the EVIS Study with a deferral of consent. I have discussed this with Dr [insert name] who agrees this is in the patient’s best interest as this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (please print)

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Name of enrolling Signature Date

doctor (please print)