

CADISS PATIENT CONSENT FORM

Title of Project: Cervical Artery Dissection in Stroke Study (CADISS)

Centre Number:

Patient Identification Number for this trial: - - -

Chief Investigator: Professor HS Markus

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| | Please
initial box |
| 1. I confirm that I have read and understand the information sheet dated 30th June 2010 (version 7.0) for the CADISS study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. | <input type="checkbox"/> |
| 3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the CADISS study, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4. I agree to my GP being informed of my participation in the study. | <input type="checkbox"/> |
| 5. I understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register may be used to help contact me and provide information about my health status. | <input type="checkbox"/> |
| *6. I agree to take part in the CADISS TCD sub-study (*please delete if not applicable) | <input type="checkbox"/> |
| 7. I agree to take part in the CADISS study. | <input type="checkbox"/> |

Name of patient

Date

Signature

Name of person taking consent
(if different from researcher)

Date

Signature

Name of researcher

Date

Signature

1 copy for the patient; 1 copy for the research file; 1 copy to be kept in the hospital notes