

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

**Centre Number:**

**Patient Identification Number for this trial:**    - -   -

**Chief Investigator: Professor HS Markus**

**Please  
initial box**

1. I confirm that I have read and understand the information sheet dated 30<sup>th</sup> 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.
2. I understand that my participation is voluntary and that I am free to withdraw consent at any time without giving any reason, without my medical care or legal rights being affected.
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 their taking part in this research. I give permission for these individuals to have access to my records.
4. I agree to my GP being informed of my participation in the study.
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.
- \*5. I agree to take part in the CADISS TCD sub-study (\*please delete if not applicable)
6. I agree to take part in the CADISS study.

\_\_\_\_\_  
**Name of relative/carer**                      **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