

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, _____ (name of relative/carer), of _____ (address) have read and understood the information sheet dated 30th June 2010 (version 2.0) 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 his/her participation is voluntary and that he/she and I am free to withdraw consent at any time without giving any reason, without his/her medical care or legal rights being affected.
3. I understand that relevant sections of his/her 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 his/her records.
4. I agree to his/her GP being informed of his/her 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 and provide information about his/her health status.
- *6. I consent to his/her participation in the CADISS TCD sub-study (*please delete if not applicable)
7. I consent to the participation of _____ (patient name) 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