

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. The patient, _____ (name), of _____ (address) has read and understood the information sheet dated 30th June 2010 (version 7.0) for the CADISS study. They have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. The patient understands that their participation is voluntary and that they are free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. The patient understands that relevant sections of their 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. The patient gives permission for these individuals to have access to their records.
4. The patient agrees to their GP being informed of their participation in the study.
5. The patient understands 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 the patient and provide information about their health status.
- *6. The patient agrees to take part in the CADISS TCD sub-study (*please delete if not applicable).
7. The patient agrees to take part in the CADISS study.

Name of witness

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