

**CADISS PATIENT CONSENT FORM**

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

**Centre Number: 5201**

**Patient Identification Number for this trial:**    - 11 -   -   For non-randomised patients only

**Chief Investigators: Professor JW Norris/Professor HS Markus**

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|--|-------------------------------|
|  | <b>Please<br/>initial box</b> |
| 1. I confirm that I have read and understand the information sheet dated 2 <sup>nd</sup> Oct 2007 (version 5) 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 agree to take part in the CADISS TCD sub-study (*please delete if not applicable)  | <input type="checkbox"/>      |
| 6. I agree to take part in the CADISS study.   | <input type="checkbox"/>      |

\_\_\_\_\_  
**Name of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of Person  
taking consent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**