

(Form to be on individual hospital headed paper)

CONSENT FORM (case)

Title of Project: A DNA resource for lacunar (small vessel disease) stroke

Name of Researcher: Insert name of local principal investigator

Please initial box

1. I confirm that I have read and understand the information sheet dated 25th August 2004 (version 3) for the above study and have had the opportunity to ask questions.

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.

3. I understand that members of the research team will have access to my medical records

4. I agree to the study doctors contacting my doctor or myself in the future to obtain follow up information

5. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

1 for patient; 1 for researcher; 1 to be kept with hospital notes