



University Hospitals of Leicester NHS Trust

Improving Primary Care After Stroke TRIAL CONSENT FORM - STROKE SURVIVOR

Version 2.0

Participant ID: <Participant ID>

Please **initial**
each box



- | | |
|--|---|
| 1. I have read and understood the information sheet (<i>version, dated</i>) for the above study, and have had the opportunity to ask questions. | <input style="width: 80px; height: 30px;" type="text"/> |
| 2. I understand that I can stop taking part in the research at any time. If I stop I do not have to give a reason. My medical care or legal rights will not be affected. | <input style="width: 80px; height: 30px;" type="text"/> |
| 3. I understand that my GP will be informed of my participation in this study. | <input style="width: 80px; height: 30px;" type="text"/> |
| 4. I understand that the researchers may want to look at relevant sections of my medical notes. I give permission for researchers to have access to my medical records. | <input style="width: 80px; height: 30px;" type="text"/> |
| 5. I understand that my confidential data (e.g. my name and address) will be stored securely, and only accessed by the research team. | <input style="width: 80px; height: 30px;" type="text"/> |
| 6. I understand that my anonymised data will be archived and may be shared with other researchers and used in future studies. | <input style="width: 80px; height: 30px;" type="text"/> |
| 7. I agree to take part in this study. | <input style="width: 80px; height: 30px;" type="text"/> |

The following statement is **optional**. Please **only initial the box** if you **agree** to the statement.

- | | |
|---|---|
| 8. I agree for my annual review to be audiotaped. | <input style="width: 80px; height: 30px;" type="text"/> |
|---|---|

Name of Participant: _____

Date: _____

Signature: _____