

(to be on local headed paper)

Centre No:

THE GALA TRIAL

CONSENT FORM

A RESEARCH STUDY COMPARING THE RISK OF CAROTID ENDARTERECTOMY
UNDER EITHER GENERAL OR LOCAL ANAESTHETIC

(Principal Investigators: Mr M J Gough and Prof C P Warlow)

Patient's name: _____

Address: _____

Postcode: _____

Hospital name: _____

Patient's hospital number: _____

I have discussed this research study with _____
(Please print clearly)

**Please
initial box**

1. I understand that the GALA Trial will investigate the effect of either general or local anaesthetic on the risk of my carotid operation. I have also read the information sheet (Version 6) that describes this study and what it involves. I have had the opportunity to ask as many questions as I wish.

2. I understand that my participation in this trial is voluntary and that I am free to withdraw from the trial at any time, without giving any reason, and without my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals involved directly in the GALA Trial or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records for this purpose and for responsible individuals involved directly in the GALA Trial to contact my GP for information that is relevant to my taking part in the GALA Trial.

4. I fully understand all the information that has been given to me and as a result I give my consent to take part in the study.

Signature of patient: _____ Date _____

Independent witness: _____
(Please print clearly)

Signature of witness: _____ Date _____

1 copy for the patient

1 copy for the GALA Trial Office

1 copy to be kept with hospital notes