PLATFORM STUDY FOR INTRACEREBRAL HAEMORRHAGE

STUDY ID: _ _ _ _ _ _

PARTICIPANT INFORMED CONSENT FORM

IRAS reference number: 325272 **REC number**: 23-SS-0087

Initial boxes to indicate your agreement with the compulsory parts of the study:

1.	I have received the short patient information leaflet version 2.0 (dated 14th May 2024) for the PLINTH feasibility study and the Tailored Talks presentation version 3.0 and/or the supplementary patient information leaflet version 3.0 (dated 14th May 2024). I have had the opportunity to consider the information provided. I have had the opportunity to ask questions and I have had these answered satisfactorily.	*Initial here*
2.	I understand that my participation in the PLINTH feasibility study is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	*Initial here*
3.	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the regulatory authorities, from the study Sponsor (NHS Lothian and the University of Edinburgh), or from other NHS Boards where it is relevant to my taking part in this research. I give permission for those individuals to have access to my records.	*Initial here*
4.	I give permission for my Community Health Index (CHI) or NHS number, and hospital number to be collected and passed to the University of Edinburgh.	*Initial here*
5.	I give permission for my personal information (including name, address, date of birth, telephone number and consent form) to be passed to the University of Edinburgh and Study Coordinating Centre for administration of the study.	*Initial here*
6.	I consent to my General Practitioner being informed about my taking part in PLINTH	*Initial here*
7.	My relatives, carers, or close personal contacts named on the Contact Form are willing to provide information about how I am getting on. These people or others caring for me may provide this information if I cannot be contacted or I am no longer able to make decisions for myself.	*Initial here*

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8. I agree to take part in PLINTH.		*Initial here*

Tick Yes or No to indicate your preference for these optional parts of the study:

9. I agree to remain in the study should I lose mental capacity during the study	*Yes*	*No*
10. I agree to complete a short survey about quality of life after a brain haemorrhage.	*Yes*	*No*
11. If I withdraw from the study, the study can keep and use any information collected about me up to the point of exit from the study	*Yes*	*No*
12. I agree to that routinely collected information held and maintained by central UK NHS bodies may be used to provide information about my health status.	*Yes*	*No*
13. I agree that information about me may be used to support other research in the future, and may be shared anonymously with other researchers, whatever happens to me.	*Yes*	*No*
14. I would like to receive the results of PLINTH by email or post	*Yes*	*No*

_____	___/___/_____	_____
Print name of participant	**Date**	**Signature**
_____	___/___/_____	_____
If participant provides verbal consent print name of witness (not researcher)	**Date**	**Signature**
_____	___/___/_____	_____
Print name of person taking consent	**Date**	**Signature**

When completed, please: give one copy to the participant, send one copy to the trial coordinating centre, file one copy in the participant's medical records, and file the original in the investigator site file.