Participant Informed Consent Form

Reducing risk of stroke and DementIa In patientS with COVert cERebrovascular disease: a pilot and development study (DISCOVER)

accord Academic and Clinical Central Office for Research and Development — NHS Lothian

Participant ID: _____

Please initial each box to confirm agreement:

1. I confirm that I have read and understand the information sheet for the above study. *Initial here*

*Date (DD MMM YYYY)	*Version Number

**Researcher completes during consent process*

2. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. *Initial here*

3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care and/or legal rights being affected. *Initial here*

4. I give permission for the research team to access my medical records for the purposes of this research study. *Initial here*

5. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh and/or NHS Lothian), from regulatory authorities or from the NHS organisation where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and/or medical records. *Initial here*

Please initial boxes to indicate agreement:

6. I give permission for my personal information (including initials, name, date of birth, ethnicity, address, postcode, phone number, email address, consent form) to be passed to the University of Edinburgh DISCOVER coordinating centre for administration of the study. *Initial here*

7. I give permission for my Community Health Index (CHI) number or hospital number to be collected and retained on NHS servers / passed to the University of Edinburgh DISCOVER coordinating centre. *Initial here*

8. I agree to my General Practitioner being informed of my participation in the DISCOVER study and providing information about my health if required for the duration of DISCOVER. *Initial here*

9. I agree that the researchers can contact me by phone or post to find out how I am getting on for the study follow-up visits during the 18-month duration of DISCOVER. *Initial here*

10. My relatives, carers, or close personal contacts who I have named on the Contact Form gave permission to be contacted if I cannot be reached or am no longer able to make decisions for myself. *Initial here*

11. If I lose capacity to make decisions for myself during the study, I wish to continue to take part in DISCOVER to the end of the study, unless my doctor or relatives feel that it is in my best interest to withdraw. *Initial here*

12. I understand that data collected about me during the study may be converted to anonymised data. *Initial here*

13. I agree to my anonymised data being used for future ethically approved studies. *Initial here*

Please initial boxes to indicate agreement:

14. I understand that my anonymised data generated during the study and my brain scans may be used to support other research in the future outside of the UK / European Economic Area where laws protecting my personal information may be different to my own country. *Initial here*

15. I agree to be contacted about ethically approved research studies for which I may be suitable. I understand that agreeing to be contacted does not oblige me to participate in any further studies. *Initial here*

16. I agree to receive updates by post or email twice a year about the progress of DISCOVER between when I join the trial and its end. *Initial here*

17. I would like to receive the results of the DISCOVER study by post or email. *Initial here*

18. I agree to take part in the DISCOVER study. *Initial here*

_____	__/___/_____	_____
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: 1x original – into Investigator Site File; 1x copy – to Participant; 1x copy – into medical record