

Patient Consent Form



Insert NHS TRUST LOGO

IRAS reference number: 1009845

Sponsor:



Funder:



Participant name:

Site ID:

If you agree, **initial or tick each box**

1. I confirm



- I have read the easy access patient information leaflet:

* Date of leaflet (DD MMM YYYY)	* Version Number

2. I confirm



- I have had a chance to watch the video
- I have had a chance to ask questions
- I am happy with any answers
- I have enough information

Participant ID:

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Page 1 of 4

If you agree, **initial or tick each box**

3. I understand



- it is **my choice** to take part
- I can say **no** to this study
- **this will not** change my care
- **I can stop** at any time for no reason

4. You can access my medical records



5. You collect information about me



- from my **medical notes**
- study inspectors can see this information

6. You can collect and keep



- my name, ethnicity and address
- my date of birth and sex assigned at birth
- my telephone number and email

Participant ID:

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Page 2 of 4

If you agree, **initial or tick each box**

7. You can collect and keep



- **my NHS identification numbers**

8. You can collect and keep



- **a copy of my brain scan**

9. You can contact my GP



- **to tell** them I am taking part in this study

10. You can anonymise my data



- **to protect** my identity

11. You can use my data held by NHS organisations



- **to find out** how I get on

12. You can contact



- **my close personal contacts** if I cannot be contacted

Participant ID:

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13. You can use my information



- to support other ethical research
- and share it without identifying me

If you agree, initial or tick each box

14. I agree take part in ASPIRING



**Print name of person
giving consent**

Date

Signature

Print name of witness

If verbal consent

Date

Signature

**Print name of person
receiving consent**

Date

Signature

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

Participant ID:

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Page 4 of 4