

Participant Informed Consent Form



Participant ID:

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*Affix patient's hospital
identification label here*

<Insert NHS/Trust logo>



Academic and Clinical Central Office for Research and Development

Please initial each box to confirm agreement:

- I confirm that I have been given the opportunity to watch the ASPIRING recruitment video at www.ASPIRING.ed.ac.uk, and that I have read and understood the following information sheet about ASPIRING:

Initial here

*Date (DD MMM YYYY)	*Version Number

**Researcher completes during consent process*

- I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

Initial here

- I understand that my participation in ASPIRING 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

- I give permission for the research team to access my medical records for the purposes of this research study.

Initial here

Please initial each box to indicate agreement:

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

6. I give permission for my personal identifiable/sensitive data (including name, sex assigned at birth, date of birth, ethnicity, address [including postcode], telephone number and email address) to be passed to the University of Edinburgh and ASPIRING coordinating centre for administration of the study.

Initial here

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

Initial here

8. I give permission for an anonymised copy of the earliest brain scan that diagnosed my brain haemorrhage to be sent to the University of Edinburgh.

Initial here

9. I agree to my General Practitioner and other doctors caring for me being informed of my participation in the study.

Initial here

10. I understand that data collected about me during the study may be converted to anonymised data by the University of Edinburgh or an NHS organisation.

Initial here

11. I understand that the information held and maintained by NHS England and other central UK NHS bodies will be used to provide information about my health status regularly during the follow-up period of the study.

Initial here

Please initial each box to indicate agreement:

12. My relatives, carers, or close personal contacts who I have named are willing to be contacted if I cannot be contacted or I am no longer able to make decisions for myself.

Initial here

13. I agree that information about me and my brain scans may be used to support other ethically approved research in the future and may be shared anonymously for research in the public interest, whatever happens to me.

Initial here

14. I agree to take part in ASPIRING.

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:

Give one copy to the participant, file one copy in the participant's medical records, and file the original in the investigator site file.