



Wolfson Centre for Prevention of Stroke and Dementia  
Nuffield Department of Clinical Neurosciences  
Wolfson Building,  
John Radcliffe Hospital, Oxford

REC Ref: 05/Q1604/70  
V7 27 February 2020

**Consent form: Inpatient participants**

**Study title: The Oxford Vascular Study (OxVasc)**

Please initial the relevant box

**All Participants:**

1. I confirm that I have read and understand the information sheet, version 7 dated 27<sup>th</sup> February 2020 for the above study and have had the opportunity to ask questions and had these answered to my satisfaction.
2. I understand that sections of any of my medical and GP notes may be looked at by responsible individuals where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. I understand that information held and maintained by NHS Digital / NHS Central Register may be used to provide information about my health status.
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 or legal rights being affected.
4. I agree to take part in the above study.
5. I agree to be invited to participate in further OxVasc studies, approved by ethics and I understand that agreeing to be contacted does not oblige me to participate in any future studies.
 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**Only for participants following Stroke or TIA:**

1. I agree to donate blood samples and I consider these samples a gift to the University of Oxford and I understand the blood samples I give may include genetic research aimed at understanding the genetic influences on vascular disease, but that the results of these investigations are unlikely to have any implications for me personally.
2. If I have been seen following a stroke or TIA, I agree to take part in the study follow-up that involves being seen in clinic, at home or by telephone at 1 month, 6 months, 12 months, 5 years and 10 years and thereafter if any further vascular events occur or when I am in hospital with other medical problems.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature