Participant Identification Number for this trial:

CONSENT FORM

Title of Project: Prevention Of Hypertensive Injury to the Brain by Intensive Treatment after IntraCerebral Haemorrhage: a pilot randomised trial of home telemetry-guided treatment (PROHIBIT-ICH)

Name of Researcher:

Please initial in box

1. I confirm that I have read the information sheet dated 13/06/2018 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University College London (UCL), regulatory authorities or from participating NHS Trusts, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records for this study and to use the data collected in this study for future research. ☐
4. I give permission for the University of Oxford team (blood pressure (BP) device co-ordinating centre) to have access my record for this study in order to facilitate BP monitoring and treatment recommendations ☐
5. I agree to my General Practitioner or other care professional being informed of my participation in the study. ☐
6. I agree that my blood samples can be stored at UCL for subsequent genetic analysis in this study and for future research. ☐
7. I agree for an MRI scan to be carried out and for the data to be stored at UCL for this study and for future research. ☐
8. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature