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

REC Ref: 05/Q1604/70
V8 12 March 2021

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 8 dated 4th February 2021 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
☐	☐

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