



Wolfson Centre for Prevention of Stroke and Dementia Nuffield Department of Clinical Neurosciences Wolfson Building John Radcliffe Hospital, Oxford, OX3 9DU

REC Ref: 05/Q1604/70

Version 1: 20 February 2020

Consultee Declaration

Study title: The Oxford Vascular Study (OxVasc)

Please initial each box

All Participants:				
1.	I [name of consultee] have been consulted about			
	[name of potential participant]'s	
	I have had the oppo	2020 and have had an oppo	rch study. Indicate the information sheet, Version 7, and the information sheet, Version 7, and the section in the section is and the section is an arranged in the section is an arranged in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the se	
2.	In my opinion, he/s/	ne would have no objection to	taking part in the above study.	
3.	I understand that sections of any of <i>his/her</i> medical and GP notes may be looked at by responsible individuals or regulatory authorities where it is relevant to them taking part in research. I understand that information held and maintained by NHS Digital/NHS Central register may be used to provide information about <i>his/her</i> health status.			
4.	I understand that I can request he/she is withdrawn from the study at any time without giving any reason and without his/her medical care or legal rights being affected.			
Only	/ For Participants foll	owing Stroke/TIA		
1.	I agree to <i>him/her</i> providing blood samples and understand that the blood samples provided 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 <i>him/her</i> personally.			
2.	If <i>he/she</i> has been seen following a stroke or TIA, I agree to them taking part in the follow up study 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 they are in hospital with other medical problems.			
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Name of Consultee		Date	Signature	
Researcher		 Date	Signature	