Centre Number: Study Number:

Participant Identification Number for this study:

CONSULTEE DECLARATION 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 [name of consultee] have been consulted about [name of potential participant]'s participation in this research project. I have had the opportunity to ask questions about the study and understand what is involved.	☐
2. I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.	☐
3. I understand that relevant sections of his/her medical notes and data collected during the study may be looked at by individuals from University College London (UCL), University of Oxford, regulatory authorities or from participating NHS Trusts, where it is relevant to their taking part in this research. I give permission for these individuals to have access to his/her records for this study and for future research.	☐
4. I agree to their GP or other care professional being informed of their participation in the study.	☐
5. I agree that their blood samples can be stored at UCL for subsequent genetic analysis in this study and for future research.	☐
6. I agree for an MRI scan carried out on him/her and for their data to be stored at UCL for this study and for future research.	☐
7. In my opinion he/she would have no objection to taking part in the above study.	☐

Name of Consultee Date Signature

Relationship to participant:

Person undertaking consultation (if different from researcher):

Name Date Signature

Researcher Date Signature

When completed: 1 (original) to be kept in care record, 1 for consultee; 1 for researcher site file