



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 2: 12th March 2021

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 participation in regard to taking part in this research study. I have had the opportunity to read and understand the information sheet, Version 8, dated 4th February 2021 and have had an opportunity to ask questions and had these answered to my satisfaction.

2. In my opinion, he/she would have no objection to taking part in the above study. []

3. I understand that sections of any of his/her 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 his/her 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 I understand that I can request he/she is withdrawn from the study at any time without giving any reason and without his/her medical care or legal rights being affected.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 following Stroke/TIA

1. I agree to him/her 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 him/her personally. []

2. If he/she 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. []

Name of Consultee Date Signature

Researcher Date Signature