



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

**Verbal Consent form      The Oxford Vascular Study (OxVasc)**

**Researcher to seek and record informed oral consent, after participant has had sufficient time to think about whether they want to take part.** Please check the boxes to record that the question has been asked by the researcher and that the participant has responded in the affirmative:

- 1. Do you confirm that you have read and understand the information sheet, (version 1.0 dated 29 January 2021) for the above study and have had the opportunity to ask questions and had these answered to your satisfaction.
- 2. Do you understand that sections of your medical and GP notes may be looked at by responsible individuals where it is relevant to your taking part in research. Do you give permission for these individuals to have access to your records. Do you understand that information held and maintained by NHS Digital / NHS Central Register may be used to provide information about your health status.
- 3. Do you understand that your participation is voluntary and that you are free to withdraw at any time, without giving any reason and without your medical care or legal rights being affected.
- 4. Do you agree to take part in the above study.
- 5. Do you agree to be invited to participate in further OxVasc studies, approved by ethics and you understand that agreeing to be contacted does not oblige you to participate in any future studies.

YES      NO  
     

**Only for participants following Stroke or TIA:**

- 1. Do you agree to donate blood samples that you consider to be a gift to the University of Oxford and do you understand the blood samples you 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 you personally.
- 2. If you have had a stroke or TIA, you agree to take part in the study follow-up that involves being seen in clinic, at home or by telephone up to 3 times in the first year, at 5 years and 10 years and thereafter if any further vascular events occur or when you are in hospital with other medical problems.

Name of Participant \_\_\_\_\_

Name of Researcher taking consent	Date	Signature
_____	_____	_____

*\*1 copy for participant (e.g. emailed securely to participant); 1 copy for researcher site file; 1 (original) uploaded to medical notes (if participant is a patient).*