Dr Linxin Li
Wolfson Centre for Prevention of Stroke and Dementia
Department of Clinical Neurology
Wolfson Building
John Radcliffe Hospital, Oxford, OX3 9DU

Local Trust logo if available

UNIVERSITY OF OXFORD

Study Code: | | — *Site ID Code:* | | — *Participant identification number:* | | | | |

Consultee Declaration

Study title: The National Young Stroke Study (NYSS)

Relationship to participant: _____

Please initial each box

1. I [_____*name of consultee*] have been consulted about [_____*name of potential participant*] taking part in this research study. I have had the opportunity to read and understand the consultee information booklet dated 05/12/2023, version 1.0 and have had an opportunity to ask questions and had these answered to my satisfaction.	
2. I understand that I can request they are withdrawn from the study at any time without giving any reason and without their medical care or legal rights being affected.	
3. I understand that sections of any of their medical and GP notes may be looked at by responsible individuals from the University of Oxford, from regulatory authorities and from the NHS Trust (s), where it is relevant to them taking part in research. In my opinion, they would not object to these individuals having access to their records.	
4. I understand that information held and maintained by NHS England /NHS Central register may be used to provide information about their health status. In my opinion, they would not object to this.	
5. In my opinion, they would have no objection to taking part in the above study.	

_____	_____	_____
Name of Consultee	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Copies: 1 for consultee; 1 for researcher; 1 to be kept with participant hospital records