



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 1.1 20th February 2024

Consultee Declaration

Study title: The Oxford Vascular Study (OxVasc)-Follow-up Study (Phase 2)

Please initial each box

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 1.0, dated 12th February 2024 and have had an opportunity to ask questions and had these answered to my satisfaction.

2. I understand that sections of any of *his/her* medical and GP notes may be looked at by responsible individuals from the University of Oxford, from regulatory authorities and from the NHS Trusts where it is relevant to them taking part in research.

3. I understand that information held and maintained by NHS England/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 I understand that I can request *he/she* is withdrawn from the study at any time without giving any reason and without *his/her* medical care or legal rights being affected.

5. My advice is that *he/she* would agree to provide blood samples and these samples would be a gift to the University of Oxford and 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.

6. **In my opinion, *he/she* 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