



**Wolfson Centre for Prevention of Stroke and Dementia**  
**Nuffield Department of Clinical Neurosciences**  
**Wolfson Building,**  
**John Radcliffe Hospital,**  
**Oxford, OX3 9DU**

**Verbal Consent form: All Participants**

**Study Title: The Oxford Vascular Study (OxVasc)- follow-up study (Phase 2)**

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 12<sup>th</sup> February 2024) 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 from the University of Oxford, from regulatory authorities and from the NHS Trusts where it is relevant to your taking part in research. Do you give permission for these individuals to have access to your records?

3. Do you understand that the information held and maintained by NHS England/ NHS Central Register may be used to help contact you or provide information about your health status?

4. 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?

5. 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?

6. **Do you agree to take part in the above study?**

7. Do you agree to be invited to participate in further stroke/TIA studies approved by ethics and do you understand that agreeing to be contacted does not oblige you to participate in any further studies?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Name of Researcher taking consent \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

*\*1 copy for participant; 1 (original) for researcher; 1 copy uploaded to medical notes.*