



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

REC Ref: 05/Q1604/70

V9 14 February 2022

Consent form: Inpatient participants

Study title: The Oxford Vascular Study (OxVasc)

Please initial the relevant box

All Participants:

1. I confirm that I have read and understand the information sheet, version 9 dated 14th February 2022 for the above study and have had the opportunity to ask questions and had these answered to my satisfaction.

2. I understand that sections of any of my medical and GP notes may be looked at by responsible individuals where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. I understand that information held and maintained by NHS Digital / NHS Central Register may be used to provide information about my health status.

3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

4. I agree to take part in the above study.

5. I agree to be invited to participate in further OxVasc studies, approved by ethics and I understand that agreeing to be contacted does not oblige me to participate in any future studies.

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

Only for participants following Stroke or TIA:

1. I agree to donate blood samples and I consider these samples a gift to the University of Oxford and I understand the blood samples I 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 me personally.

2. I agree for my anonymised blood samples to be used in future research, here or abroad, which has ethics approval. I understand this research may involve commercial organisations.

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

3. If I have been seen following a stroke or TIA, I agree to take part in the study follow-up that involves being seen in clinic, at home or by telephone at 1 month, 6 months, 12 months, 5 years, 10 years and 20 years or if any further vascular events occur or when I am in hospital with other medical problems.

 Name of Patient

 Date

 Signature

 Researcher

 Date

 Signature