



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 3: 14<sup>th</sup> February 2022

**Consultee Declaration**

**Study title:** The Oxford Vascular Study (OxVasc)

**Please initial each box**

**All Participants:**

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 9, dated 14<sup>th</sup> February 2022 and have had an opportunity to ask questions and had these answered to my satisfaction.

2. In my opinion, *he/she* would have no objection to taking part in the above study.

3. I understand that sections of any of *his/her* medical and GP notes may be looked at by responsible individuals or regulatory authorities where it is relevant to them taking part in research. I understand that information held and maintained by NHS Digital/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 I understand that I can request *he/she* is withdrawn from the study at any time without giving any reason and without *his/her* medical care or legal rights being affected.

**Only For Participants following Stroke/TIA**

1. My advice is that *he/she* would agree to provide blood samples and I understand 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.

2. If *he/she* has been seen following a stroke or TIA my advice is that *he/she* would agree to take part in the follow up study 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 they are in hospital with other medical problems.

\_\_\_\_\_  
Name of Consultee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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