



(Form to be printed on local headed paper)

Participant ID: _____

TELEPHONE DISCUSSION RECORD
Final version 1.0 20250623

Title of Study: CEREBROVASCULAR DISEASE-COGNITION (CVD-Cog) PHASE-2 TRIAL IN NON-LACUNAR ISCHAEMIC STROKE WITH CEREBRAL SMALL VESSEL DISEASE

IRAS Project ID: 1011543

Principle Investigator: _____

Site Name: _____ **Site Number:** _____

Patient name: _____

DOB: ____ / ____ / ____

Date and time of phone call ____ / ____ / ____ (Date) ____ : ____ (Time)

Discussion taken place with:

Personal Legal Representative (England, Wales & NI)
 Welfare Attorney/Welfare Guardian/ Net of Kin (Scotland)

Name of Legal Representative: _____

Contact number: _____

Did they express an interest in their friend/relative being in the trial?

Yes No

Name of researcher who performed discussion: _____

Signature: _____



PLEASE COMPLETE IF EXPRESSION OF INTEREST IS OBTAINED:

Has the relevant information sheet and consent form been sent to the Legal Representative?

By post By Email

Email address / Postal address: _____

Version no. of Information Sheet: _____

V _____ Date: ____ / ____ / ____

Version no. of Consent Form: _____

V _____ Date: ____ / ____ / ____



PLEASE COMPLETE ONCE THE SIGNED CONSENT FORM IS RETURNED OR SIGNED AT SITE:

Has the consent form been returned and signed by the above-named Legal Representative?

Yes No

Date received:

__ / __ / __ __

Has the consent form been counter-signed by the researcher who performed the phone call?

Yes No

Date counter-signed:

__ / __ / __ __

__ / __ / __ __

Date copy of the fully signed consent form was sent back to the Legal Representative: