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### *(Form to be printed on local headed paper)*

**Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE CONSENT RECORD**

**(Final version 2.0: date 05/09/23)**

**Title of Study: Remote Conditioning After Stroke Trial 3 (RECAST-3)**

**IRAS Project ID: 277021 (England, Wales & NI), 282606 (Scotland)**

**Principle Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Number: \_\_\_\_\_\_\_**

**Patient name:**

**DOB:**

**Date and time of phone call/verbal consent:**

**Consent obtained from:**

**\_ \_ / \_ \_ / \_ \_ \_ \_**

**\_ \_ / \_ \_ / \_ \_ \_ \_ (Date) \_ \_ : \_ \_ (Time)**

**Personal Consultee (England, Wales & NI)**

**Personal Legal Representative (Scotland)**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yes No**

**Name of consultee / representative:**

**Contact number:**

**Was verbal consent obtained for the patient to participate in RECAST-3?**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Applicable**

**Name of person obtaining verbal consent:**

**Signature:**

**Name/role of person witnessing phone call (if applicable):**

**Signature:**

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**PLEASE COMPLETE IF VERBAL CONSENT IS OBTAINED:**

**By post By Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_**

**V\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_**

**Has the relevant information sheet and consent form been sent to the Consultee / Representative?**

**Email address / Postal address:**

**Version no. of Information Sheet:**

**Version no. of Consent Form:**

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**PLEASE COMPLETE ONCE THE SIGNED CONSENT FORM IS RETURNED:**

**Has the consent form been returned and signed by the above-named Consultee / Representative?**

**Date received:**

**Has the consent form been counter-signed by the person who obtained the verbal consent?**

**Date counter-signed:**

**Date copy of the fully signed consent form was sent back to the Consultee / Representative:**

**Yes No**

**\_ \_ / \_ \_ / \_ \_ \_ \_**

**Yes No**

**\_ \_ / \_ \_ / \_ \_ \_ \_**

**\_ \_ / \_ \_ / \_ \_ \_ \_**

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