**Rates, Risks and Routes to Reduce Vascular Dementia (R4VaD)**

**INFORMANT CONSENT FORM**

Study Participant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read below, initial the box, sign and date the form to show your agreement**

1. I confirm that I have read and understood the information sheet version 1.1 dated 25th May 2018 for R4VaD and have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw it at any time without giving any reason and without affecting my legal rights.
3. I agree that data collected during the Study may be looked at by the individuals from the Sponsor (University of Edinburgh and NHS Lothian), from the NHS organisation or other regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to data that I have provided.
4. I agree that anonymised data that I have provided can be stored indefinitely for use in future relevant research by the Study team and other researchers.

1. I give permission my personal information (including name, address, date of birth, telephone number and consent form) to be held on the database (University of Nottingham) and passed to the relevant Study Coordinating Centre for administration of the study.
2. I agree that the study team can contact me for follow-up questions relating to the participant for up to four years as detailed in the information sheet
3. I agree to take part in the above Study.

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Name of person giving consent Relationship to participant

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Date Signature

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Name of person taking consent Date Signature

***1 copy to the patient, 1 copy to the clinical notes, 1 original for site file***