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

**Close relative/friend declaration form**

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

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

1. I [name of close relative/friend] have been consulted about [name of potential participant]’s participation in this research project. I confirm that I have read and understand the information sheet, version 1 dated 25th May 2018, for R4VaD. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. In my opinion he/she would have no objection to taking part in the above study
3. I understand that his/her participation in R4VaD is voluntary and that I can request that he/she is withdrawn from the study at any time without giving any reason and without it affecting his/her medical care or legal rights.
4. It is my opinion that the participant would have no objection to the research team accessing his/her medical records for the purposes of this study
5. I understand that relevant sections of his/her medical notes and data collected during the Study may be looked at by individuals from the Sponsor (University of Edinburgh and NHS Lothian), from the NHS organisation or other regulatory authorities where it is relevant to their taking part in this research.
6. It is my opinion that the participant would have no objection to the research team contacting a person who knows them well to answer questions about their health and thinking skills.
7. I understand that this person’s Community Health Index (CHI) and/or NHS number, and/or hospital number will be collected and to be held on the database (University of Nottingham).
8. I understand that this person’s personal information (including name, address, date of birth, telephone number and declaration form) will be held on the database (University of Nottingham) and passed to the relevant Study Coordinating Centre for administration of the study.
9. I have been informed that their GP or any relevant healthcare professional will be told about their participation in this Study and be informed of any clinically relevant findings.
10. I understand that their Study information may be combined with other health information using approved routes by appropriately trained staff, including Sentinel Stroke National Audit Programme in England, Northern Ireland and Wales or the Scottish Stroke Care Audit in Scotland, hospital records, GP records, and General Registry Office for deaths.
11. I have been informed that their anonymised data will be stored indefinitely for use in future relevant research by the Study team and other researchers.
12. I have been informed that the participant will be contacted for follow-up questions for up to four years as detailed in the information sheet

Yes

No

1. I believe that the participant would have no objection to providing a blood sample for genetic (DNA) analysis and blood markers

Yes

No

1. I believe that the participant would have no objection to their blood samples being stored and used for future ethically approved research.
2. I agree that I can be sent information about R4VaD by post.

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Name of consultee Date Signature

Relationship to participant ----------------------------------------------

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Name of person taking assent Date Signature

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