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

**RECOVERED CAPCITY 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 dated 25th May2018 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 medical care or legal rights.
3. I give permission for the research team to access my medical records for the purposes of this research study
4. I understand that relevant sections of my 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 my taking part in this research. I give permission for these individuals to have access to my data and medical records.
5. I agree that a person who knows me well can be approached for the Study to answer questions about my health and thinking skills.
6. I agree that if I become unwell and lose the ability to make decisions for myself during the Study, and if my doctor and relatives agree, that the Study researchers should continue to follow-me up.
7. I agree that my GP or any relevant healthcare professional can be told about my participation in this Study and be informed of any clinically relevant findings.
8. I agree that my Study information can 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.
9. I agree that my anonymised data can be stored indefinitely for use in future relevant research by the Study team and other researchers.

1. I give permission for my Community Health Index (CHI) and/or NHS number, and/or hospital number to be collected and to be held on the database (University of Nottingham).
2. I give permission for 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.
3. I give permission for the research team to contact me for annual follow-up questions for up to four years as detailed in the information sheet

Yes

No

1. I agree to provide a blood sample for genetic DNA analysis and blood markers

Yes

No

1. I agree that my blood samples may be stored and used for future research
2. I agree that I can be sent information about new studies during and after the Study.

1. I agree to take part in the above Study.

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Name of person giving consent 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***