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

**Nearest Relative/Guardian or Welfare Attorney Consent Form**

**Phone consent**

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

**Please read each of the statements below to the participants relative or friend, initial the box with their initials, sign and date the form to show their agreement**

1. I confirm that I have been read and understand the information sheet, PIS Nearest relative/Guardian/Welfare attorney version 1.1 dated 28/06/2018, for R4VaD. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. I have been asked to consider what this person would want and to set aside my own wishes.
2. I understand that my relative’s/ward’s participation in R4VaD is voluntary and that I am free to withdraw my relative/ward at any time without giving any reason and without it affecting my relative’s/ward’s medical care or legal rights.
3. I understand that relevant sections of my relative’s/ward’s 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. I give permission for these individuals to have access to the persons data and medical records.
4. I give permission for this person’s 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).
5. I give permission for this person’s 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.
6. I consent that their GP or any relevant healthcare professional can be told about their participation in this Study and be informed of any clinically relevant findings.
7. I agree that their 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.
8. I agree that their anonymised data can be stored indefinitely for use in future relevant research by the Study team and other researchers.

1. I agree for the participant to provide a blood sample for genetic (DNA) analysis and blood markers

No

Yes

Yes

No

1. I agree for any blood samples to be stored and used for future ethically approved research.
2. I agree for the participant to be contacted for follow up questions for up to four years as detailed in the information sheet
3. I agree that I can be sent information about R4VaD by post.

1. I agree to my relative/ward taking part in the above Study.

I confirm that I am the nearest relative for ----------------------------------------------

and that no other nearest relative or welfare attorney or guardian exists.

Relationship to patient ----------------------------------------------

I confirm that I am the Welfare Attorney or Guardian for

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Name of person giving consent Date

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Name of person taking consent Date Signature

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Name of witness Date Signature

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