University Hospital of North Staffordshire NHS
NHS Trust

Stroke Research Office
Royal Infirmary
Princes Road
Hartshill
Stoke-on-Trent
Staffs ST4 7LN

Tel No: 0300 123 1456
Fax No: 0300 123 0894

Centre:
Patient Recruitment Number for this study:…….

PATIENT CONFIRMATION OF CONSENT FORM (AFTER RECOVERY)

Title of the project: The Stroke Oxygen Study. A randomised controlled study of routine oxygen treatment after acute stroke

Name of Principal investigator:

Please initial box

I confirm that I have read and understand the information sheet dated 2nd May 2008 (version 4 amend 3) for the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw consent at any time, without giving any reason, without my medical care or legal rights being affected. ☐

I understand that sections of any of my medical notes may be looked at by responsible members of the research team or by members of the data monitoring committee. I give permission for these individuals to have access to my records. ☐

I understand that my GP will be informed that I am taking part in this study and that the researchers may contact my GP to find out my current address and how well I am, if they cannot contact me by letter after discharge from hospital. ☐

I agree to take part in the above study. ☐

_____	_____	_____
Name of patient	Date	Signature
_____	_____	_____
Name of person taking consent (if different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature

When completed 1 copy for the patient; 1 copy for the research file, 1 (original) to be kept in the hospital notes
Please give the patient a copy of the Patient Information sheet to keep and place a copy in the hospital notes.

Pat. Cons. Conf. vs 4 2 May 2008 amendm. 2 30th August 2009 COREC 06/20604109 25.06.08.
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