

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

**PATIENT CONSENT FORM**

**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 2<sup>nd</sup> 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.

