

Stroke Research Office
Royal Infirmary
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Stoke-on-Trent
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Centre: University Hospital of North Staffordshire
Patient Identification 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: Dr C. Roffe

Please initial box

I confirm that I have read and understand the information sheet dated 2nd May 2008 (version 4) 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