

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 and data collected during the study, may be looked at by individuals from the Stroke Oxygen Study, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. 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.