

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

## RELATIVE CARER OR INDEPENDENT LEGAL REPRESENTATIVE 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 2) for the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily.

I understand that his/her participation is voluntary and that he/she and I am free to withdraw consent at any time, without giving any reason, without his/her medical care or legal rights being affected.

I understand that sections of any of his/her 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 may taking part in this research . I give permission for these individuals to have access to his/her records.

I give permission for study staff to contact his/her general practitioner to find out their current address and how well they are, if they cannot contact them by letter after discharge from hospital.

I agree to \_\_\_\_\_ taking part in the above study.  
Name of the patient

\_\_\_\_\_  
Name of relative, carer or legal  
Representative (and relationship)

\_\_\_\_\_  
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 legal representative, 1 copy for or 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.