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PATIENT CONSENT FORM
TARDIS

Triple Antiplatelets for Reducing Dependency after Ischaemic Stroke

Sponsored by the University of Nottingham

Local Investigators:

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Please initial box

1. I confirm that I have read and understood the information sheet dated 20th December 2011 (version 1.5) for the above study and have had the opportunity to ask questions. ☐

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

3. I understand that sections of any of my medical notes may be looked at by members of the TARDIS research team, responsible individuals from Division of Stroke Medicine, University of Nottingham, or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. I understand that information held by the NHS and records maintained by the NHS Information Centre may be used to keep in touch with me and follow up on my health status. ☐

4. I agree that information regarding my clinical scans can be sent to the TARDIS Coordinating Centre in Nottingham where it will be anonymised and stored. ☐

5. I understand that my anonymised data can be shared with other research groups (e.g. Antithrombotic Trialists' Collaboration) after publication of TARDIS ☐

6. I agree to take part in the above study. ☐

7. I agree for my general practitioner to be notified of my involvement in this trial. ☐

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of Person taking consent (if different from Principal Investigator)	Date	Signature
_____	_____	_____
Principal Investigator	Date	Signature

1 for patient, 1 for TARDIS study file, 1 to be kept with hospital notes

Patient Identification Number for this trial:_____