

# CONSENT FORM

Patient ID for this trial \_\_\_\_\_ Centre Number \_\_\_\_\_ Project ID \_\_\_\_\_

Title of project: **International Carotid Stenting Study (ICSS)**

Name of researcher:

Please initial  
box

- 1) I confirm that I have read and understood the information sheet dated 19/07/2004 (version 2.21) for the above study and have had the opportunity to ask questions.
- 2) I confirm that I have had sufficient time to consider whether or not I want to be included in the study.
- 3) 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.
- 4) I understand that sections of any of my medical notes may be looked at by responsible individuals 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.
- 5) I understand that information held by the NHS and records maintained by the General Register Office may be used to keep in touch with me and follow up my health status
- 6) I agree to take part in this study.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature