

Surgical Trial in Traumatic Intracerebral Haemorrhage: STITCH (Trauma)

PATIENT CONSENT FORM FOR ADULTS REGAINING CAPACITY

Patient Name:

Please tick
as appropriate

I consent to participate in the above clinical study, the nature of which has been explained by:

Name of Consultant/Doctor

I have read and understand the Information Sheet dated __/__/____ (version __) for the above study. I have had the opportunity to consider the information and any questions I had relating to the study have been answered to my satisfaction.

I have discussed the possible benefits and risks to taking part in this research. I understand that my participation is voluntary, and that I am free to withdraw at any time, without having to give a reason and without my medical care or legal rights being affected.

I agree to my General Practitioner being informed that I am participating in the study.

I understand that any personal information collected about me for the trial will be treated as strictly confidential, and that my medical records will be consulted and data from the study will be published anonymously by the funder and the researchers involved in medical journals and at research meetings.

I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Newcastle University, 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 medical records.

Signature of Patient:

Witnessed by: (e.g., Senior Nurse)

Position:

Date: