**INSTITUTION LETTER HEAD/LOGO HERE**

### CONSENT FORM

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

**Title of project: The European Carotid Surgery Trial 2**

 **ISRCTN97744893**

 Please initial box

1. I confirm that I have read and understood the information sheet dated 9 November 2015 (version 3.10) 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 samples of my blood and tissue may be retained and analysed, including analysis of DNA, as part of the study (and may also be used for future studies, pending ethical committee approval).
5. I understand that sections of any of my medical notes may be looked at by responsible individuals from regulatory authorities and the ECST-2 trial management team where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
6. I understand that information held by the NHS, the ECST-2 trial office and records maintained by the General Register Office may be used to keep in touch with me and follow up my health status.
7. I understand that my GP will be notified of my participation in this study and will be informed if any results of the medical tests done as part of the research are important to my health. I give permission for my GP to be contacted about my participation in the trial and my health.
8. I understand that if I become unable to consent to continued follow up during the trial I will continue to be followed up unless in the opinion of my medical team or carer(s) I am finding it distressing to do so.
9. I agree to take part in this study.

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Name of Patient Date Signature

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Name of Person taking consent Date Signature

(if different from researcher)

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Researcher Date Signature

1 copy for patient, 1 copy for researcher, 1 copy to be kept with hospital notes

Version 3.10 09/November/2015