

REC No: 12/SW/0328  
Local Principal Investigator:  
<<insert PI name>>  
<<insert PI address>>  
<<insert PI tel number>>  
<<insert PI fax number>>

<To be printed on site headed paper>

Participant NHS  
number

Participant Trust  
number



## Participant Consent Form

### Evaluating care after a suspected heart attack

Please ask the participant to complete the following:

Participant to tick  
Yes/No and initial

- |  | Yes                      | No                       | Initials                 |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you read and understood the Participant Information Leaflet? (dated ___/___/___, version ___)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had an opportunity to ask questions about the study and received satisfactory answers to your questions?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you received enough information about the study?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you understand that you are free to withdraw from the study at any time without giving a reason and that withdrawing from the study will not affect your medical care or legal rights?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you give permission for electronic information about you, collected by the hospital where you have been treated, to be securely transferred within the NHS to the University Hospitals Bristol NHS Foundation Trust? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you give your consent for your information to be stored securely and indefinitely, and for its use in future research aiming to improve patient care? Strict confidentiality will be maintained at all times.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you understand that information held and managed by the NHS Information Centre, and other central UK NHS bodies, may be used in order to provide information about your health status?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you agree to take part in this study?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1 copy for participant; 1 for research team (original); 1 to be kept with hospital notes