Centre Number: Study Number:

Participant Identification Number for this study:

CONSULTEE DECLARATION FORM

Title of Project: Title of Project: Prevention Of Hypertensive Injury to the Brain by Intensive Treatment after IntraCerebral Haemorrhage: a pilot randomised trial of home telemetry-guided treatment (PROHIBIT-ICH)

Name of Researcher:

	Please initial in box
1. I [name of consultee] have been consulted about [name of potential participant]'s participation in this research project. I have had the opportunity to ask questions about the study and understand what is involved.	☐
2. I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.	☐
3. I understand that relevant sections of his/her medical notes and data collected during the study may be looked at by individuals from University College London (UCL) , regulatory authorities or from participating NHS Trusts, where it is relevant to their taking part in this research. I give permission for these individuals to have access to his/her records for this study and to use the data collected in this studyfor future research.	☐
4. I give permission for the University of Oxford team (blood pressure (BP) device co-ordinating centre) to have access to his/her records for this study in order to facilitate BP monitoring and treatment recommendations.	☐
5. I agree to their GP or other care professional being informed of their participation in the study.	☐
6. I agree that their blood samples can be stored at UCL for subsequent genetic analysis in this study and for future research.	☐
7. I agree for the participant's study data to be stored at UCL and the University of Oxford for this study and for future research.	☐
8. In my opinion he/she would have no objection to taking part in the above study.	☐

Name of Consultee Date Signature

Relationship to participant:

Person undertaking consultation (if different from researcher):

Name Date Signature

Researcher Date Signature

When completed: 1 (original) to be kept in care record, 1 for consultee; 1 for researcher site file