**PLORAS Participant Consent Form**

**Version: 7.0 | Date: 04.04.2023**

|  |  |
| --- | --- |
| **Study Title:** | Predicting Language Outcome and Recovery After Stroke (PLORAS) |
| **Chief Investigator:** | Cathy Price | **UCLH R&D Project ID:** | 13/0435 |
| **IRAS Project ID:** | 133939 | **Research Ethics Committee Reference:** | 13/LO/1515 |

**Note to Researcher:**

* Before completing this consent form, the Participant should have been provided with the PLORAS Information Booklet (version 6.0, 13.10.2022) and understood the PLORAS Information Summary Sheet (version 1.0, 04.04.2023).
* A picture aid is provided on pages 3-6 to support understanding where necessary. If a consultee is required, please complete the Consultee Declaration Form instead.

**Participant details [BLOCK CAPITALS]:**

**Title [Mr/Mrs/Miss/Ms/Mx]:**  **First name:**

 **Last name:**

**Date of birth:**  **NHS number:**

**🖳**

**Email:**

(Note: **Email** is the primary method of contact with PLORAS)

**🕿**

**Landline:**  **Mobile:**

🖃

**Address:**

The following statements should be **initialled (Yes) / crossed (No)** by the Participant only. **Statements 1-7 and 9 are core consent**. This means that participants may not be included if they say ‘No’ to any of these statements. Participants can still be included if they say ‘No’ to statements 8, 10 and 11.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1 | I understand the **PLORAS study information.** |  |  |
| 2 | I have had **time** to **think** about the study. |  |  |
| 3 | The researchers have **answered** all my **questions.** |  |  |
| 4 | I understand that I **can** **stop** at **any time.** |  |  |
| 5 | I understand **University College London** and **my NHS Trust** might **audit or monitor** the **research.**They can **look at relevant sections** of my **medical notes and other data** collected. |  |  |
| I **agree to share** the following **with** the **PLORAS** Team: | **Yes** | **No** |
| 6 | My **brain scan images** and **reports.** |  |  |
| 7 | Details **about my stroke** andother **relevant medical information** about me. |  |  |
| 8 | My **speech and language therapy** (SLT) **records.** |  |  |
|  | **Yes** | **No** |
| 9 | **I agree** to **take part** in the **PLORAS study.** |  |  |
| 10 | I would like **to receive** the **PLORAS newsletter.** |  |  |
| 11 | I agree to be **contacted** about **other stroke research activities.** |  |  |

**Participant signature:**  **Date:**

**Name of Person taking declaration:**

**Signature:** **Date:**

**PLORAS Participant Consent Form (Picture Support)**

**Picture credits:** see www.ucl.ac.uk/ploras/picture-credits

1. I **understand** the **study**.

|  |  |
| --- | --- |
| Person with their thumbs up next to an information symbol. | Yes or No. |

1. I have had **time** to **think** about the study.

|  |  |
| --- | --- |
| Person with their thumbs up. A thought bubble with a lightbulb inside is next to their head. | Yes or No. |

1. The researchers have **answered** all my **questions.**

|  |  |
| --- | --- |
| Person with their thumbs up next to a question mark. | Yes or No. |

1. I understand that I **can** **stop** at **any time.**

|  |  |
| --- | --- |
| Person with their thumbs up next to a stop sign. | Yes or No. |

1. I understand **University College London** and **my NHS Trust** might **audit or monitor** the **research.**

|  |  |
| --- | --- |
| Logo for University College London next to the word NHS. A plus symbol is in-between them. | Yes or No. |

They can **look at relevant sections** ofmy **medical notes and other data** collected.

|  |  |
| --- | --- |
| Person looking at a medical clipboard. | Yes or No. |

I **agree to share** the following **with PLORAS**:

1. My **brain scan images** and **reports.**

|  |  |
| --- | --- |
| Brain scan. | Yes or No. |

1. Details **about my stroke** andother **relevant medical information** about me.

|  |  |
| --- | --- |
| Medical clipboard.  | Yes or No. |

1. My **speech and language therapy** (SLT) **records.**

|  |  |
| --- | --- |
| Two people sitting at a table and talking. One person is holding a picture and the other person (in a wheelchair) is pointing to the picture. | Yes or No. |

1. **I agree** to **take part** in the **PLORAS study.**

|  |  |
| --- | --- |
| Person with their thumbs up. | Yes or No. |

1. I would like **to receive** the **PLORAS newsletter.**

|  |  |
| --- | --- |
| Newsletter. | Yes or No. |

1. I agree to be **contacted** about **other stroke research activities.**

|  |  |
| --- | --- |
| Person standing and pointing to a presentation while three other people sit and watch. | Yes or No. |