

CONSENT FORM

Patient Identification Number:

Name of the Researcher:

Study: **CT coronary angiogram (CTCA) prior to chronically blocked artery (CTO) percutaneous coronary angioplasty (PCI)**

1. I confirm that I have read and understood the patient information sheet version 1 dated 28/02/2021 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Please initial box:

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and that my medical care and legal rights will not be affected.

Please initial box:

3. I understand that relevant sections of my medical notes/study data may be looked at by responsible individuals from the Study Team, the Sponsor, NHS Trust or by Regulatory Bodies, where it is relevant to my taking part in this research. I give permission for these individuals to access my records.

Please initial box:

4. I agree for my GP to be informed of my participation in the study.

Please initial box:

5. I agree to take part in the above study.

Please initial box:

6. I agree for one set of blood samples to be drawn for routine tests

Please initial box:

.....
Name of patient

.....
Date

.....
Signature

.....
Name of Researcher

.....
Date

.....
Signature

Was a Trust interpreter used to translate the patient information sheet and take consent?: Yes/No (please circle as appropriate)

Signature of the interpreter below to confirm that the study details from the patient information sheet was accurately translated and all questions answered satisfactorily:

.....
Name of Interpreter /Language

.....
Date

.....
Signature

.....
Witness (Name)

.....
Date

.....
Signature

Results of the study

Would you like results of the study to be mailed to you: Yes/No (circle appropriate)
(If yes, mailing address to be kept separately)

When completed: 1 copy in care record
1 copy for participant
1 copy for research file