Women’s Aneurysm Research: Repair Immediately Or Routine Surveillance

WARRIORS international registry & trial

Chief Investigator: Professor Janet Powell

Study Protocol Number: 24CX8836

IRAS ID: 341602

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| --- | --- |
| Participant Study ID Number: |  |
| Site Number/Name: |  |
| Name of Principal Investigator: |  |

Participant Consent Form

**Pleasetick each box if you agree with the following**:

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the participant information sheet version ........ dated …../....../...... for the WARRIORS registry and trial and have had the opportunity to ask questions which have been answered fully. |  |
| 1. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected. |  |
| 1. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London, the NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. |  |
| 1. I give consent for identifiable data to be stored and shared securely with NHS Digital. These data will include my NHS number, date of birth, post code and gender. This secure sharing of data with NHS Digital will be used to link information regarding hospital admissions, emergency care and civil registration. |  |
| 1. I agree for study related questionnaires to be sent to me via electronic or postal means or collected via telephone. |  |
| 1. I give permission for my pseudo-anonymised data to be shared with other organisations as described in the Patient Information Sheet, including academic, charitable and partners. |  |
| 1. I give permission for my anonymised data to be shared with commercial partners, as described in the Patient Information Sheet. |  |
| 1. I consent to take part in the WARRIORS registry |  |
| 1. I consent to take part in the WARRIORS trial, if I am eligible. |  |

**The following is an optional aspect of the study, please tock in the appropriate box:**

|  |  |  |
| --- | --- | --- |
| 1. I give consent to being contacted about the possibility to take part in other research studies, which might arise from the WARRIORS registry and trial. | Yes | No |
|  |  |
| 1. I agree to my GP being informed about my participation in this research study and any incidental findings to be conveyed to them. |  |  |
| 1. I give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |  |

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Name of participant Signature Date & Time

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Name of person taking consent Signature Date & Time

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Name of Principal Investigator (if not the person taking consent)