

[Insert Trust/site logo]

Site ID: [] Screening ID: [] Participant Trial ID number: []

REC Reference Number: [Insert number here]

EudraCT Reference Number: 2014-003979-39

PARTICIPANT CONSENT FORM
AVURT: Aspirin for Venous Ulcers Randomised Trial

Name of Researcher: [Insert name and address of CI]

Please initial each box

1. I confirm that I have read and understand the information sheet dated <to be inserted> version <to be inserted> of the above study and have had the opportunity to consider the information, ask questions and have these answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from the University of York's Trials Unit, St George's University of London (SGUL), NHS Trust or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4. I agree to the University of York's Trials Unit holding anonymised copies of study related documents.

5. I understand my GP will be informed of my involvement, and contacted to confirm my eligibility and my health when necessary during the study.

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

The statement below can be opted out of and will not affect your participation.

7. I agree to anonymised photographs of my venous leg ulcer being used in publications and other presentations of research findings from the AVURT study.

_____ day / _____ month / 20____ year
Name of participant (please print) Date Signature of participant

_____ / _____ / 20____
Name of person taking consent (please print) Date Signature of person taking consent

When completed 1 for patient; 1 for researcher; 1 (original) to be kept with hospital notes