

OPTIMISE2 - Optimising Prescription of Treatment In older patients with Mild hypertension at Increased risk of Serious adverse Events

IRAS Number: 1006598

REC Ref. No: 23/EM/0054

Chief Investigator & Trial Lead: Prof Richard McManus

Co-Principal Investigator & Co-Trial Lead: Dr James Sheppard

Practice Name: _____

Participant ID:

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INFORMED CONSENT FORM

If you agree, please initial

1	I confirm I have read and understood the Participant Information Leaflet version number ____ . ____ dated ____ / ____ / ____ for the above trial. I have had the opportunity to ask questions and had these answered satisfactorily.	
2	I understand my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.	
3	I understand that even if I withdraw from the above study, data already collected about/from me will be used in analysing the results of the study. I understand that I or my GP may be contacted if there are further questions regarding side effects from deprescription of medications.	
4	I understand that relevant sections of my medical notes and data collected during the study and as part of study follow up may be looked at by authorised representatives from the University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records which identify me by name.	
5	I agree to any necessary exchange of information about me between the study team and my GP.	
6	I understand that the information held by NHS England may be used to help contact me or provide information about my health status.	
7	I understand that some of my identifiable data (such as NHS Number and Date of Birth) will be transferred between the University of Oxford and NHS England in order to collect follow-up information about my health status as required by the study.	
8	I understand that representatives from the University of Nottingham PRIMIS team may have remote access to my health records for the purposes of extracting follow-up data but that they will not review or store any information about me or my participation in the trial.	

Participant ID:

9	I understand that the information collected about me may be shared in a form that cannot identify me with external researchers within the UK and abroad.	
10	I agree to take part in this study and undergo the study procedures as explained in the Participant Information Leaflet.	

Name of Participant

____ / ____ / ____
Date

Participant Signature

Name of Researcher taking consent

____ / ____ / ____
Date

Researcher Signature

If you have any questions about this or any other aspect of the study please contact:

optimise2-trial@phc.ox.ac.uk or 08081968649

Original white copy for PC-CTU Oxford, one copy for participant, one copy for medical notes/site file