



**STOP-ACEi Study**

No.:

## Participant Consent Form

**Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) /  
Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease;  
The STOP-ACEi Trial**

### CONFIDENTIAL ONCE COMPLETED

**Please initial each box  
to confirm consent**

1. I confirm that I have read and understood the information sheet for the STOP-ACEi trial (version 3.0, dated 10<sup>th</sup> December 2014). I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily.
2. I understand that my participation in this study is voluntary and that if I take part I am free to withdraw at any time without giving a reason, and without my medical care or legal rights being affected.
3. I understand that information about my progress will be supplied in confidence to the study coordinators at the Birmingham Clinical Trials Unit (BCTU) by my own doctors, for use in the STOP-ACEi trial.
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at in confidence by responsible individuals from the BCTU, regulatory authorities or the NHS Trust, where it is relevant to my taking part in this research and to check that the trial is being carried out correctly. I give permission for these individuals to have access to my records.
5. I agree that a copy of this consent form will be faxed to the BCTU.
6. I understand that my GP will be informed of my participation in the STOP-ACEi trial.
7. I agree that I may be contacted by the research team in the future regarding further research that is linked to this study.
8. I agree to take part in the STOP-ACEi trial.

**In order to participate in the STOP-ACEi trial, consent to parts 1-8, above, is required. Points 9 and 10, below, are optional. You should only initial point 9 and 10 if you agree to them.**

9. I agree to my serum and urine samples being taken, stored and used for future analysis of biomarkers both within this study and in future related studies. Any such studies on these samples would require Research Ethics Committee approval.
10. I agree to the information held and maintained by The Health and Social Care Information Centre, together with current and future UK NHS bodies, being used in the future to provide information about my long-term health status and health care. For this purpose, I agree to BCTU holding my name, gender, date of birth and NHS number.

Name of Participant

Date (dd/mmm/yyyy)

Signature

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Name of Researcher

Date (dd/mmm/yyyy)

Signature

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Name of Translator

Date (dd/mmm/yyyy)

Signature

If an interpreter has translated this form, they should countersign here to certify that they have translated fully and accurately.

**Original copy to be kept in the STOP-ACEi trial site file, one copy for the patient, one copy kept with patient's notes and one copy faxed to BCTU on 0121 415 9135.**