Trust logo *<To be printed on site headed paper>*

**Main Trial Informed Consent Form**

**Study Title: Stopping anticoagulation for isolated or incidental subsegmental pulmonary embolism**

**Centre ID/Site name:**

**Randomisation No.:**

**Patient Initials:**

**Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please initial inside each box***

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the information sheet, dated \_ \_ / \_ \_ / \_ \_ \_ \_ version number \_\_ . \_\_ for the STOP-APE study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. |  |
| 2 | I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. |  |
| 3 | I understand that 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. I understand that data collected up to my time of withdrawal may be used. |  |
| 4 | I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the STOPAPE research team, representatives of the sponsor, from regulatory authorities, or from the NHS Trust, where this is relevant to my taking part in this research. I give permission for these individuals to have direct access to my records. |  |
| 5 | Data collected that identifies me by name, including this consent form, and contact details will be transferred from where it is collected and stored to University of Birmingham. I agree to the transfer and storage of this data. |  |
| 6 | I agree to a copy of this consent form containing my name to be transferred and stored at the University of Birmingham. |  |
| 7 | I agree to my GP being informed of my participation in this study and that they may be contacted by members of the research team for follow-up information. |  |
| 8 | I agree to take part in the STOP-APE study. |  |

**Optional consent**

|  |  |  |
| --- | --- | --- |
| 9 | I agree to the information held and maintained by The Health and Social Care Information Centre, NHS digital and other current and future 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, postcode and NHS number. This information will be shared with these central bodies. |  |

*Name of Patient Date Signature*

*Name of Person taking Consent Date Signature*

**When completed: 1 for participant, 1 for Investigator Site File, 1 for the STOP-APE Trial Office 1 original to keep in medical notes.**