



SAFER Trial Consent Form

Version 2.0 16-12-2021

Please complete and return this form only if you wish to join the SAFER Trial

Title: The SAFER Trial - Screening for Atrial Fibrillation with ECG to Reduce stroke

Chief Investigator: Professor Jonathan Mant, University of Cambridge

Ethics Reference number: 19/LO/1597 IRAS project ID: 272184

If you are willing to take part in the SAFER Trial, please read the following statements and if you agree, sign and date overleaf.

1	I have read and understood the Participant Information Sheet version 2.0, dated 16/12/2021 (remote) for the above trial. I have had the opportunity to ask questions and I am satisfied with the answers and explanations provided.		
2	I understand that my participation in this trial is voluntary and that 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 from my medical records will be available to the research team as part of the trial.		
4	I consent to my trial data being linked to Hospital Episodes Statistics (HES), civil registration mortality data, Sentinel Stroke National Audit Programme (SSNAP) and Myocardial Ischaemia National Audit Project (MINAP). This may involve sharing my personal data with these bodies. I understand that information held and managed by NHS Digital and the registries may be used in order to provide information about my health status (including after my death), my GP practice and my address (should I move). I understand that these details will be used for research purposes only. It is possible that in the future the research team may need to link to another health record or registry not listed that they consider to be relevant to the purposes of the research and I agree to this.		
5	I understand that sections of my medical notes or information related directly to my participation in this trial may be looked at by responsible individuals from the sponsors, regulatory authorities and research personnel where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.		
6	I understand that my GP will be informed of my participation in this trial.		
7	I understand that my unidentifiable trial data will be shared with other researchers, both internal and external to this trial, and with commercial partners. These parties may be outside the European Economic Area.		
8	I understand that I may be contacted about future, related research studies, and that I am under no obligation to take part.		
9	I agree to participate in this trial.		





the details listed below are correct.	ung that you agree with an or th	e statements listed, and that
Name of participant	Signature	 Date
Please check the details below a to the trial team using the Freep this consent form online – pleas	ost envelope enclosed. Alterr	natively you can complete
As the trial will be conducted rer phone number(s) and an email a be contacted by the trial team vi for the purposes of the trial.	iddress. By providing these d	etails you are agreeing to
Title:		
First name:		
Surname:		
Date of birth (dd/mm/yyyy):		
Gender (M/F/Mx):		
Address:		
Postcode:		
Home Tel.:		
Mobile no.:		
Email: NHS no:		
GP Practice name:		
Please note: if this is not your current practice and you have		
recently moved practice, you will n		
be able to take part at this point. It is possible that your new practice		
may take part in the future.		
The trial team will return a copy of would like a copy of your completed		•
The trial team will only use these de	etails in order to contact you for t	the purposes stated.
Lx copy to be retained by the research team; $1x$ co	py to be sent to the participant's GP practice.	
SAFER Trial_Informed Consent Form_v2.0_16-12-2021	IRAS Project ID: 272184	0.075