

CONSENT FORM FOR PATIENT AND REPRESENTATIVE THE CRASH-3 TRIAL

Title of Research: Tranexamic acid for the treatment of significant traumatic brain injury:
an international randomised, double blind placebo controlled trial

Hospital code		Local Principal Investigator				
Patient hospital ID number		Randomisation number				
			BOX	PACK		
Name of patient		If representative, relationship to patient				

Version Number: 1 / Version Date: 01/10/2011

1. I confirm that I have read and understood the information sheet Version Number 1, version date 01/10/2011, for the above study and have had the opportunity to ask questions.
2. I understand that my consent is voluntary and that I am free to withdraw this consent at any time, without giving any reason and without my/the patient's medical care or any legal rights being affected.
3. I understand that sections of my/the patient's medical notes may be looked at by responsible individuals involved in the study. I give permission for these individuals to have access to these records.
4. I give permission for a copy of this consent form, which contains my/the patient's personal information, to be made available to the Trial Coordinating Centre in London for monitoring purposes only.
5. I give permission for my/the patient's personal doctor to be given information about participation in this trial.
6. I agree to me/the patient taking part in the above study, the CRASH-3 trial.

Name of Patient/Representative

Date

Signature (thumbprint or other mark if unable to sign)

Name of person taking consent

Date

Signature

Name of site Principal Investigator

Date

Signature

The patient/representative is unable to sign. As a witness, I confirm that all the information about the trial was given and the patient/representative consented to taking part.

Name of witness

Date

Signature

Original to be filed in the Investigator's Study File
1 copy for patient
1 copy to be kept with patient's hospital records