



CONSENT FORM

A trial to investigate whether a heart pump improves the safety and effectiveness of coronary artery stenting procedures that are predicted to be higher risk (CHIP-BCIS3)

Scientific title: Controlled trial of High-risk coronary Intervention with Percutaneous left ventricular unloading

Patient name: <input type="text"/>	Site name and ID [PREFILL SITE NAME and ID] <input type="text"/>	<input type="text"/>	<input type="text"/>
CHIP-BCIS3 ID: C H <input type="text"/>	Investigator name: <input type="text"/>		

I confirm that I have read and understand the CHIP-BCIS3 Participant Information Sheet, Version 1.4, 22 May 2024. I have been given time to think about the information and have had any questions answered.	Please initial
I understand that I take part voluntarily and I am free to leave the trial at any time without giving a reason. I understand that my medical and legal rights won't be affected if I leave the trial.	Please initial
I understand that people from King's College London, Guy's and St Thomas' NHS Foundation Trust, regulatory authorities, the London School of Hygiene and Tropical Medicine and INSERT LOCAL NHS TRUST , will look at relevant sections of my medical notes and information collected during the study. I give permission for these individuals to have access to my records.	Please initial
I understand that blood samples will be taken and sent to a laboratory for further analysis. I understand that any leftover samples will be destroyed.	Please initial
I agree to be contacted by research staff by telephone for follow-up at 90 days and each year after I join the study for up to 4 years, and at the end of the study.	Please initial
I understand that my NHS number/CHI number/H&C number and date of birth, held and maintained by NHS England and other central UK government bodies, may be used to help contact me or provide information about my health status such as hospital episode and mortality data.	Please initial
If for any reason I lose my ability to give consent during the trial I agree to the researchers using my health records to continue to collect agreed information about me.	Please initial
I agree to my General Practitioner being informed of my participation in the study.	Please initial
I give permission for my centrally held health records to be accessed for up to 10 years from my entry into the trial.	Please initial
I give permission for the anonymous information collected about me in the CHIP-BCIS3 trial to be shared with other researchers to support research in the future.	Please initial

I agree to take part in the CHIP-BCIS3 study.

<input type="text"/>	Print name
<input type="text"/>	Date
<input type="text"/>	Print name
<input type="text"/>	Date