

OPTIMISE2 - Optimising Prescription of Treatment In older patients with Mild hypertension at Increased risk of Serious adverse Events

IRAS Number: 1006598

REC Ref. No: 23/EM/0054

Chief Investigator & Trial Lead: Prof Richard McManus

Co-Principal Investigator & Co-Trial Lead: Dr James Sheppard

Practice Name: _____

Participant ID:

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LEGAL REPRESENTATIVE DECLARATION FORM

ONLY TO BE USED IF PARTICIPANT LACKS CAPACITY TO CONSENT

If you agree, please initial

1	I confirm I have read and understood the Participant Information Leaflet version number ____ . ____ dated ____ / ____ / ____ for the above trial. I have had the opportunity to ask questions and had these answered satisfactorily.	
2	I understand that participation is voluntary and that the participant is free to withdraw at any time, without giving any reason, and without their medical care or legal rights being affected.	
3	I understand that even if they withdraw from the above study, data already collected about/from them will be used in analysing the results of the study. I understand that I or the participant's GP may be contacted if there are further questions regarding side effects from deprescription of medications.	
4	I understand that relevant sections of the participant's medical notes and data collected during the study and as part of study follow up may be looked at by authorised representatives from the University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to taking part in this research. I give permission for these individuals to have access to records which identify them by name.	
5	I agree to any necessary exchange of information about the participant between the study team and their GP.	
6	I understand that the information held by NHS England may be used to help contact the participant or provide information about their health status.	
7	I understand that some identifiable data (such as NHS Number and Date of Birth) will be transferred between the University of Oxford and NHS England in order to collect follow-up information about the participant's health status as required by the study.	
8	I understand that representatives from the University of Nottingham PRIMIS team may have remote access to the participant's health records for the purposes of extracting follow-up data but that they will not review or store any information about them or their participation in the trial.	

OPTIMISE 2

Legal Representative Declaration Form v3.0 19-Mar-2024

REC Ref: 23/EM/0054 IRAS ID: 1006598

Participant ID:

9	I understand that the information collected about the participant may be shared in a form that cannot identify them with external researchers within the UK and abroad.	
10	It is my opinion that the participant would agree to take part in this study and undergo the study procedures as explained in the Participant Information Sheet if they had the capacity to consent themselves.	

I have read the information and had an opportunity to ask questions.

I believe that the below named participant would wish to take part in this study if they had capacity to consent for themselves.

Name of Participant

Name of Personal Legal Representative

Relationship to Participant

____ / ____ / ____
Date

Signature

Name of Researcher taking consent

____ / ____ / ____
Date

Signature

If you have any questions about this or any other aspect of the study please contact:

optimise2-trial@phc.ox.ac.uk or 08081968649

Original white copy for PC-CTU Oxford, one copy for participant/legal representative, one copy for medical notes/site file

OPTIMISE 2

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