

IRAS Project ID: 280542

Centre Number: RDT02

Study Number: 09534

Participant Identification Number for this study:

CONSULTEE DECLARATION FORM

Title of Project: Clinical detection of silent aspiration in acute stroke

Name of Researcher: Julie Trimble, Highly Specialist Speech and Language Therapist

Please initial box

I _____ have been consulted about _____'s
[name of consultee] [name of potential participant] ☐

participation in this research project. I confirm that I have read the information sheet dated 24th August 2020 (Version 1.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

In my opinion he/she would have no objection to taking part in the above study. ☐

I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected. ☐

I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from Newcastle upon Tyne Hospitals NHS Foundation Trust, staff from Newcastle University or from regulatory authorities, where it is relevant to their taking part in this research. ☐

Name of Consultee Date Signature

Relationship to participant: _____

Person undertaking consultation (if different from researcher):
Name Date Signature

Researcher Date Signature

When completed: 1 (original) to be kept in care record, 1 for consultee; 1 for researcher site file

Clinical detection of silent aspiration in acute stroke (V 1.1) Consultee Declaration Form IRAS Project ID: 280542 24/08/20