

CONSENT FORM FOR PATIENT AND REPRESENTATIVE THE HALT-IT TRIAL

Title of Research: Tranexamic acid for the treatment of gastrointestinal haemorrhage: 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				

Please INITIAL boxes

1. I have read and understood the information sheet (version number 1.2, date 22/03/2013) and have had a chance to ask questions.
2. I understand that it is my choice to take part in this study. I am free to pull out at any time, without giving a reason and without my (the patient's) treatment or rights being affected.
3. I understand that parts of my (the patient's) medical notes may be looked at by people involved in the study. I allow them to see my notes.
4. I allow a copy of this form to be made available to the study staff in London for monitoring.
5. I allow my (the patient's) name, date of birth, post code and NHS number to be sent to the study staff in London so they can find out how I am in one year's time.
6. I allow my GP to be told that I (the patient) am taking part in this study.
7. I give permission for the data collected about me in this trial (with my personal information removed) to be used by researchers worldwide.
8. I agree to me (the patient) taking part in the above study, the HALT-IT trial.

Name of patient/representative Date Signature (thumbprint or other mark if unable to sign)

Name of person taking consent Date Signature

Name of 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