

## Consent Form for Participants Able to Give Consent

**Centre name:**

**Study Protocol number: 24SM8819**

**Full Title of Project:** Ankle Arterial Doppler Waveform Assessment For Surveillance Following Lower Limb Revascularisation: WAVE- study

Name of Principal Investigator:

**Please initial box**

1. I confirm that I have read and understand the participant information sheet version xxx dated xxxx for (Ankle Arterial Doppler Waveform Assessment For Surveillance Following Lower Limb Revascularisation: WAVE study) and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time without giving any reason and without affecting my legal rights or treatment/healthcare.	
3. During the study, if my clinical care team determines that I have lost the capacity to provide informed consent, I will be withdrawn from the study, and any identifiable data collected with consent will be retained and used in the study.	
4. I understand that sections of any of my medical notes and study data may be looked at by researchers from Imperial College London, Imperial College Healthcare NHS Trust, regulatory authorities where it is relevant to my taking part in this research	
5. I give/do not give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	
6. I give/do not give consent to inform my GP or other health/ care professional.	
7. I understand that the data collected from me are a gift donated to Imperial College. I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	
8. I give/do not give consent to being contacted about the possibility to take part in other research studies.	
9. I consent to take part in (Ankle Arterial Doppler Waveform Assessment For Surveillance Following Lower Limb Revascularisation: WAVE study).	

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Name of participant

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Signature

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Date

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Name of person taking consent  
(if different from Principal Investigator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1 copy for participant; 1 copy for Principal Investigator

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed,  
presented and stored in double sided format