Delete this line, then print on Hospital/TRUST headed paper with local PI Contact details

**STAR Study Patient ID**

***ShorT stay Aneurysm Repair (STAR):*** *A 23-hour endovascular abdominal aortic aneurysm repair pathway with evaluation of eligibility, uptake, viability, acceptability, and safety.*

**ClinicalTrials.gov Identifier**: NCT05279274 **IRAS Project ID**: 302827.

 **Ethics Ref**: 21/PR/1579

Name of Principal Investigator:

**PATIENT CONSENT FORM**

***Please initial each box***

|  |  |  |
| --- | --- | --- |
|  | 1. I confirm that I have read and understand the subject information sheet dated 05 July 2024 version 2.0 for the above study and have had the opportunity to ask questions which have been answered fully.
 |  |
|  | 1. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.
 |  |
|  | 1. I understand that sections of any of my medical notes may be looked at by responsible individuals from the study team at Imperial College London, from participating NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to access my records that are relevant to this research after my operation has been completed.
 |  |
|  | 1. I feel safe in the knowledge that I know what to look out for in the immediate post-operative period and know when to seek help after I have been discharged.
2. I understand that even if I decide to leave the above study, the data collected about me will be used in analysing the results of the study. I understand that my identity will remain anonymous
 |  |
|  | 1. I consent to take part in the above study.
2. I give/do not give **(delete as applicable)** consent that in the event the team is unable to reach me during the study follow up period, they will attempt to contact my next of kin.
3. I agree/do not agree **(delete as applicable)** totake part in the optional patient focus groups after my discharge, in which I will be asked to give feedback on my experience.
4. I give/do not give **(delete as applicable)** consent for my GP to be informed of my enrolment in the STAR Study..
5. I give/do not give **(delete as applicable)** consent for information collected about me to be used to support other research in the future, including those outside of the United Kingdom.
 |  |
|  | 1. I give/do not give **(delete as applicable)** consent to being contacted to potentially taking part in other research studies.
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name of Participant |  | Signature |  | Date |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| Name of Person taking consent |  | Signature |  | Date |

**Consent Form filing: Original for the site file**; 1 copy for participant; 1 copy to be kept with or scanned into hospital notes