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**CONSENT FORM**

**Title of Project: Recreating thrombosis models using tissue-engineered arterial constructs: A novel method to reduce and replace mice used in platelet research**

**Name and contact details of Principal Investigator:**

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## Please initial box if you

## agree with the statement

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | | I confirm that I have read and understand the information sheet (dated 10th October 2020) for the above study, and have had the opportunity to ask questions. | | | |  |
| **2** | | I understand that my participation is voluntary and that I am free to withdraw at any time. | | | |  |
| **3** | | I agree to take part in this study | | | |  |
| **4** | | I understand that data collected about me during this study will be anonymised before it is submitted for publication. | | | |  |
| **5** | | I wish to be sent updates about the results obtained from this research using the following postal/email address: | | | |  |
| **6** | | I agree to be contacted about giving blood for this project in the future  (If you agree, please provide your preferred method of contact)  Tel: or Postal/email address:  . | | | |  |
| **7** | | I agree to be contacted about possible participation in future research projects.  (If you agree, please provide your preferred method of contact)  Tel: or Postal/email address: | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of participant | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |