



Consent form for participation in Sentinel Stroke National Audit Programme (SSNAP)

Please Tick Box

1. I confirm that I have read and understood the SSNAP *patient information sheet* and have had the opportunity to ask questions.

2. I give my consent for my personal confidential data to be shared with NHS Digital and NHS Wales Informatics Service, to link SSNAP data to:

- a) Hospital Episode Statistics (HES) data or Patient Episode Database for Wales (PEDW) data
- b) mortality data collected by NHS Digital (NHSD).

Name of Participant

Date

Signature

Name of Assessor

Date

Signature