SSNAP | Sentinel Stroke National Audit Programme

KING'S College LONDON

Consent form for information to be collected by SSNAP

Have you **read** and **understood** the information sheet?

Have you had a chance to **ask questions**?

Yes ☐ **No** ☐

Do you **agree** to **SSNAP** collecting your patient identifiable information?

Yes ☐ **No** ☐

Please sign here:

Your name	Date	Signature
Name of Assessor	Date	Signature