

# CONSENT FORM

Participant ID number

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## Study title: British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA)

1. I confirm that I have read the Participant Information Sheet, Version..... Dated ..... for the above study. I understand and have had the opportunity to consider the information, and to ask questions that have been answered satisfactorily.

**Please initial** .....

2. I give permission for BSR-PsA study staff to access my medical records, where relevant to the study.

**Please initial** .....

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Aberdeen, from regulatory authorities if appropriate, or from the NHS Board/Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

**Please initial** .....

4. I consent for my information to be stored securely on University of Aberdeen computers.

**Please initial** .....

5. I understand that any information obtained during analysis is for research purposes only, and that an NHS ethics committee has approved the study. I agree that my anonymised data may be used for future studies approved by the British Society for Rheumatology, and that this may include research both within and out with the UK.

**Please initial** .....

6a. I agree that anonymous data may be shared with the funder, the British Society for Rheumatology.

**Please initial** .....

6b. In the unlikely event of a serious or significant medical problem that might be associated with some of the medication I am taking, I understand that anonymous information about this event or problem might be shared with the company that manufactures that medicine. I understand that I *will not be identifiable* from this information, and the company will not have access to my name or contact details.

**Please initial** .....

**Please turnover and complete next page**

7. I give BSR-PsA study staff permission to link my identifiable information such as my name and date of birth to other information held by NHS about me, through NHS Digital England, Digital Health & Care Wales (Wales) and eDRIS (Scotland).  
**Please initial** .....

8. I consent for rheumatology clinic staff to have access to my questionnaire responses.  
**Please initial** .....

9. I understand that my participation is voluntary. I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that no further data will be collected on me after my withdrawal but previously obtained data, including linked data, will remain part of the study.  
**Please initial** .....

10. I agree to take part in the above BSR-PsA study.  
**Please initial** .....

\_\_\_\_\_  
Name of participant                      Signature                      ..... / ..... / 20.....  
Date

\_\_\_\_\_  
Name of person taking consent                      Signature                      ..... / ..... / 20.....  
Date