

# CONSENT FORM (BIOBANK)

Participant ID number

			-			
--	--	--	---	--	--	--

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

<p>1. I confirm that I have read the <i>Participant Information Sheet (Biobank)</i>, Version ..... Dated ..... I understand and have had the opportunity to consider the information, and to ask questions that have been answered satisfactorily.</p> <p style="text-align: right;">Please initial .....</p>
---

<p>2. I understand that I will be asked to provide a blood and urine sample when I start a new treatment, and three months later. I understand that these samples will be transferred to the NHS Grampian Biorepository. I agree to the storage of my samples in the NHS Grampian Biorepository and for their use in ethically reviewed and approved future studies both within and outside the UK.</p> <p style="text-align: right;">Please initial .....</p>
--

<p>3. I understand that data associated with the samples will be stored securely on NHS Grampian and University of Aberdeen computers and that information generated from the samples will be linked to data held on NHS Grampian and at the University of Aberdeen as part of the BSR-PsA study.</p> <p style="text-align: right;">Please initial .....</p>
--

<p>4. I give permission for my DNA and RNA to be extracted from my samples and analysed for use – now, or in future research into psoriatic arthritis.</p> <p style="text-align: right;">Please tick one only</p> <table style="float: right; border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Yes</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>No</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Yes		No	
Yes				
No				

<p>5. I give permission for my anonymised samples and study data to be sent to and analysed by other researchers that may work in the NHS, universities, research institutions and biotechnology / pharmaceutical companies. I understand that my samples and data may be sent internationally and that a research ethics committee will have approved any research being carried out.</p> <p style="text-align: right;">Please initial .....</p>
---

<p>6. I understand that my participation is voluntary and that I am free to withdraw from the BSR-PsA biobank, without giving a reason, at any time without my medical care or legal rights being affected. I understand that I have the right to ask for any of my samples to be withdrawn from the biobank and destroyed, but that any analysis done before my withdrawal will remain part of the study.</p> <p style="text-align: right;">Please initial .....</p>
---

<p>7. I agree to take part in the BSR-PsA biobank.</p> <p style="text-align: right;">Please initial .....</p>
---

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

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