

# \\nask.man.ac.uk\home$\Desktop\TAB_col_white_background.jpgCONSENT FORM

(Version 9.0; dated 17/07/2017)

**Title of Project:** Are new treatments for rheumatoid arthritis harmful to long-term health?

British Society for Rheumatology Biologics Register for Rheumatoid Arthritis (BSRBR-RA)

**Name of Researcher:** Professor Kimme Hyrich

Please initial the boxes

1. I confirm that I have read and understand the information sheet (version 9.0; dated 17/07/2017) for the above study and have had the chance to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
3. If I do decide to withdraw from the study, I understand that any identifiable data that has already been collected will be retained and used in the study.
4. I understand that my personal data will not be shared with other parties beyond the data controllers and approved data processors where appropriate legal agreements are in place. I give permission for these individuals to have access to data from my NHS medical records relevant to this study for the purposes of this study only.
5. I understand my non-identifiable data may be exported outside of the UK.
6. I also understand that under some circumstances, my medical records may be looked at by a government drug regulatory agency (for instance, the Medicines and Healthcare products Regulatory Agency (MHRA)) or by authorised members of the University of Manchester, the Ethics Committee or hospital for checking the study is being carried out properly.
7. I agree to participate in the study and complete survey questionnaires about my health.
8. I understand that my name, date of birth and NHS/CHI/HCN will be shared with other national NHS databases (including NHS Digital; see the full list on [www.bsrbr.org](http://www.bsrbr.org)) for the purposes of matching identifiable information already held to provide additional data on my health.
9. I understand that my specialist Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may provide the researchers with information from my NHS medical records that is relevant to the study.
10. I agree to information from which I can be identified being held by the University of Manchester as the study sponsor as well as other approved data processors where legal agreements are in place for the purpose of processing the data for the study only.

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| --- | --- | --- | --- |
|  | NAME | SIGNATURE | DATE |
| PARTICIPANT |  |  |  |
| PERSON TAKING CONSENT |  |  |  |
| RESEARCHER (if different) |  |  |  |

*NB: A copy for the patient, the researcher and one for the hospital notes.*