

UK National Flap Registry (UKNFR)



Patient Consent Form

Patient's Full Name*:

Hospital Name:

Hospital No:

**please print name clearly*

NHS

No:

Date of Birth:

Consent for Data Collection	Initials
I confirm that I have read the information leaflet and have had a chance to ask questions. I understand that this information will be stored and treated in a strictly confidential manner. My data will be stored in accordance with the Data Protection Act 2018 and all future users of this data will abide by the Act. I understand that I am free to withdraw my consent at any time. I understand that if any other external or medical research organisation should wish to study my data they will only have access to anonymised data, which will not identify me. I understand that my personal details will never be used for commercial purposes and will never be given to any commercial or insurance organisation.	
On this basis I agree to my personal details, medical history, treatment and ongoing health status being collected and stored by The UK National Flap Registry for the purpose of carrying out research in the future	
I give permission for information about me to be shared with the Department of Health (DH) and Office of National Statistics (ONS)	
I give permission to the UK National Flap Registry to contact me via email or text message after my treatment to ask about my recovery, current health status and my opinion for measuring the outcomes of surgery (Patient Reported Outcome Measures). My contact details are: Email address: Mobile telephone number:	

Name of Patient

Date

Signature

Name of Person taking consent

Date

Signature

Diagnosis:

If you have a concern about any aspect of UKNFR, you should ask to speak to your surgeon or the audit staff who will do their best to answer your questions. If you remain unhappy and wish to complain formally, please contact BAPRAS 0207 8315161 or email: UKNFR@bapras.org.uk