

BSACI Registry for Immunotherapy

Adult Participant Registry Consent Form

		Please Initial
1	I confirm that I have read and understand the Registry participant information sheet dated 1 st October 2018 (Version 1.0). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
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	I understand that information about me collected from my medical notes and the registry may be looked at by a small number of responsible individuals from the NHS Trust / Private Hospital or the regulatory authorities. I give permission for these individuals to have access to my records.	
4	I have completed a Participant Identifiers Form (Version 1.1 Dated 16 th October 2018). I agree to this personal identifiable information being held by the registry. (You can also choose <u>not</u> to provide this information if you prefer.)	
5	I understand that non-identifiable information collected about me may be used to support other research in the future, and may be shared <u>anonymously</u> with the regulatory authorities and the pharmaceutical company that holds the Marketing Authorisation for the UK in the event of an adverse reaction, or with researchers in the UK or abroad.	
6	I agree for the Registry to contact me by email a. To see if my treatment is working Yes <input type="checkbox"/> / No <input type="checkbox"/> b. With newsletters and updates about the registry Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	I agree to take part in this Registry.	

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Name of Patient	Signature	Date
Name of Person Taking Consent	Signature	Date

One copy for the participant, original to be filed in the medical notes

BSACI do not require a copy of this consent form