

UK MS Register Consent Form

Please initial box

1. I confirm that I have read and understood the participant information sheet v3.2 (27/9/2016) for this study. I have had the opportunity to consider this information and to ask questions.
2. I understand that my ongoing participation is voluntary and that I am free to withdraw at any time without giving a reason. Once withdrawn any identifiable data will be removed but the anonymised aggregate clinical data will be retained.
3. I understand that identifiable information from my medical notes and from health related records will be collected and data linkage will be carried out by the UK MS Register.
4. I understand that the UK MS Register will not publish identifiable information from any data that has been collected.
5. I understand that my data will be anonymously linked to other health care related data stored by the UK MS Register.
6. I understand that this anonymous data may be shared with other MS researchers subject to appropriate governance.
7. I agree to be contacted again by the UK MS Register team if I may be eligible to take part in further research.

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Participant details

Person taking consent details

Your name: _____

Your signature: _____

Your email: _____

Your mobile phone: _____

Date signed: _____

Name of person taking consent: _____

Signature of person taking consent: _____

Date signed: _____

Useful information

Identifiable Information: Name, Gender, Postcode, Date of Birth & NHS Number (Participant Information Leaflet p6)

Medical Notes such as: Doctors notes, nursing records, referral letters (Participant Information Leaflet p6)

Health Related Records such as: Clinical System, GP Systems, MRI, Biochemistry (Participant Information Leaflet p7)

Data Linkage: Joining health care related data together for research purposes (Participant Information Leaflet p7)

Anonymised Data: Identifiable information is used to link your data. Once linked all identifiers are removed and replaced with an anonymous code.

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