



*Caring at its best*

**Consent Form:** Cohort B (Patients with No History of Loin Pain)

LO-PAIgN: Mediators of Loin Pain in IgA Nephropathy

LO-PAIgN

<b>Principal Investigator:</b>	<b>Dr Haresh Selvaskandan</b>
<b>Site:</b>	<b>University Hospitals of Leicester</b>
<b>Participant ID:</b>	<b>XP##</b>

		<b>Please Initial</b>
1.	I confirm that I have read the participant Information Sheet ( <u><a href="#">vx.x</a></u> <u><a href="#">dd/mm/yyyy</a></u> ) for the above study. 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 a reason, and without my medical care or legal rights being affected.	
3.	I understand that relevant sections of my medical notes and/or data collected during the study may be looked at by individuals from the University of Leicester (Sponsor), from regulatory authorities, or from my participating NHS Trust, where it is relevant to my taking part in this research.	
4.	I understand that my deidentified/coded research data, including MRI images/scans will be transferred to the University of Leicester for the purposes of analysis for this study.	
5.	I understand that my deidentified research samples (blood, urine) will be transferred to the University of Leicester (Sponsor) for the purposes of analysis for this study.	



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6.	I agree that my deidentified research data, including MRI images/scans, can be stored and used for future ethically approved research.	
7.	I agree that my deidentified research samples can be stored and used for future ethically approved research.	
8.	I understand that my General Practitioner (GP) will be informed of my participation in this study.	
9.	I understand that the research team will request my GP and nephrologist for kidney function lab results and biopsy results, respectively.	
10.	I understand that my GP and/or other relevant healthcare professionals will be notified of any clinically relevant study results or findings.	
11.	I understand that if I withdraw from the study, my already collected samples and data, including MRI images/scans, may be retained and used in the publishing of final study results in a deidentified manner.	
12.	I agree to undergo MRI scans for use in medical research as described in the participant information sheet..	
13.	I agree to undergo blood pressure measurement as detailed in the participant information sheet..	
14.	I agree to donate the samples and data as detailed in the participant information sheet and allow their use in medical research as described in the participant information sheet.	
15.	I understand that all of the procedures detailed in the participant information sheet are for research purposes only and would not be used to inform my clinical care, diagnosis, or treatment.	
16.	I agree to take part in the above study.	



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		Please initial in appropriate box	
		Yes	No
<b>The following statements are OPTIONAL – please initial either Yes or No to each of the statements.</b>			
17.	I would like to be sent a summary of the findings of this research once it is finished.		

_____ Name of Participant (BLOCK CAPITALS)	_____ Date	_____ Signature
_____ Name of Person taking consent (BLOCK CAPITALS)	_____ Date	_____ Signature

**When completed: original copy to be retained in the Investigator Site File, 1 x copy to be provided to the participant, 1 x copy to be filed in the medical records, and 1 x copy for sample transfer**