e-Consent Form [ID] Version 2.1_IRAS ID: 364280			
Mediators of Loin Pain in IgA Nephropathy			
Principal/Chief Investigator: Dr Haresh Selvaskandan (hs328@leicester.ac.uk)			
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Site no. for e-Consent: 0			
Participant ID: [to be added at the time of sending the unique link to each participant]			
***= Required fields**			
1	I confirm that I have read the participant Information Sheet (vx.x dd/mm/yyyy -to be added at the time of sending the unique link to each participant) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.*	Yes	No
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.*	Yes	No
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. *	Yes	No
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.*	Yes	No
5	I understand that my deidentified research samples (blood, urine) will be transferred to University of Leicester (Sponsor) for the purposes of analysis for this study.*	Yes	No
6	I agree that my deidentified research data, including MRI images/scans can be stored and used for future ethically approved research.*	Yes	No
7	I agree that my deidentified research samples can be stored and used for future ethically approved research.*	Yes	No
8	I understand that my General Practitioner (GP) will be informed of my participation in this study.*	Yes	No
9	I understand that the research team will request my GP and nephrologist for kidney function lab results and biopsy results, respectively.*	Yes	No
10	I understand that my GP and/or other relevant healthcare professionals will be notified of any clinically relevant study results or findings.* Notes: This is not an optional part of the study. It is a requirement for us to report clinically relevant findings to your healthcare team/GP.	Yes	No

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 publishing of final study results in a deidentified manner. *	Yes	No
12	I agree to undergo MRI scans for use in medical research as described in the participant information sheet.*	Yes	No
13	I agree to undergo blood pressure measurement as detailed in the participant information sheet.*	Yes	No
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.*	Yes	No
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.	Yes	No
16	I agree to take part in the above study.*	Yes	No
17	I would like to be sent a summary of the findings of this research once it is finished. (Optional)*	Yes	No
18	Signature* Notes: Please type your name below if you are happy to be a part of this study.	Answer (single line)	
19	Date of Completion*	Select Date	

Final Page

Thank you for agreeing to be a part of our study. Your contribution is valuable to us.
We will now send you an email to confirm your successful participation.
Following this, a member of the research team will reach out to you on your preferred mode of communication to talk about the next steps.
We are very grateful to have you on board.

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