

Neurology Infusion and Planned Investigation Unit

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Subject Initials:

Subject Identification
Number:

**PATIENT CONSENT FORM
FOR PRESENT USAGE AND FOR STORAGE AND FUTURE USE OF SAMPLES**

Oral Cladribine B-cell study (Clad-B study) (IRAS project ID: 262436)

Please initial box:

	Yes	No
1. I confirm that I have read and understand the Patient Information Sheet dated 28 th May 2019 for the above study and have had the opportunity to ask questions. Questions have been answered to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>
2. I agree that my cerebrospinal spinal fluid (CSF), urine and blood samples may be used for this study.	<input type="checkbox"/>	<input type="checkbox"/>
3. I agree that these samples will be stored in the Blizard Institute, Queen Mary University London, and may be used in future ethically approved projects, as described in the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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. If I withdraw from this study then I understand it is my right to ask for any stored samples to be destroyed. The data collected up to the point of withdrawal will be included in the analysis at the end.	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand that sections of my medical notes and data collected during the study may be looked at by authorised persons in the research team where it is relevant to my taking part in this research. Barts Health NHS Trust is the sponsor for this study based in the United Kingdom. We will be using information from you and your medical records in order to undertake this study and will act as the data controller for this study. Barts Health NHS Trust and regulatory organisations may look at your medical and research records to check the accuracy of the research study. I give permission for these individuals to have access to my records.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to take part in the above study.	<input type="checkbox"/>	<input type="checkbox"/>
7. I agree my GP will be informed of my participation in this study	<input type="checkbox"/>	<input type="checkbox"/>

Name of Patient

Signature

Date

Researcher

Signature

Date