

PARTICIPANT IDENTIFICATION NUMBER

INFORMED CONSENT FORM**PREDICTING THE POST-DIALYSIS REBOUND OF β 2-MICROGLOBULIN**

INVESTIGATOR: _____

Please initial

1. I confirm that I have read and understood the Participant Information Sheet version **1.0** date **09.10.2025** for the above study and have had the opportunity to ask questions which have been answered to my satisfaction. ☐
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 sections of my medical records may be looked at by responsible individuals from the Sponsor organisation, the NHS Trust, and from regulatory authorities for regulatory purposes and audit. I give permission for these individuals to have access to my records. ☐
4. I give permission for blood samples to be taken, anonymously stored and sent to the NHS Laboratory for research purposes. I understand that stored and unused samples will be destroyed after three years. ☐
5. I give permission for information from routine dialysis blood and urine tests to be used for the purpose of this research. ☐
6. I agree to take part in the above study ☐

Name of the participant

Signature

Date

Name of the person taking consent

Signature.....

Date

Three copies required: one for the patient, one for the researcher and one for hospital case notes.