

# National Registry of Rare Kidney Diseases (RaDaR)

## Consent Form (Parents and Guardians)

### Patient Identification

(Parent/ Guardian. Please initial each box)

I have read the information sheet and I have had an opportunity to ask questions about the Registry.

I understand that my child's participation in the Registry is voluntary and that he or she can be withdraw from it at any time without giving a reason. I also understand that this agreement will lapse when my child reaches 18 years of age.

I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's records.

I agree that the Registry can contact me and my child's kidney specialist with information about research into my child's disease.

I agree that my child's GP will be informed of my child's participation in the Registry

I agree for my child to participate in the Registry

Name of person obtaining consent.....Date.....

Signature of person obtaining consent.....

Name of person giving consent.....Date.....

Signature of person giving consent.....

*Copy for hospital notes, copy for parent or guardian. Person obtaining consent to confirm on-line that consent has been obtained.*