

# National Registry of Rare Kidney Diseases (RaDaR)

## Consent Form

### Patient Identification

(Participants. Please initial each box)

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

I understand that my participation in RaDaR is voluntary and that I can withdraw from it at any time without giving a reason.

I understand that relevant sections of my 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 records

I agree that RaDaR can contact me and my kidney specialist with information about research into my disease.

I agree that my GP will be informed of the study

I agree to participate in RaDaR

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 participant. Person obtaining consent to confirm on-line that consent has been obtained.*