



CONSENT FORM

Name of Researcher

Please
Initial box

1. I confirm that I have read and understand the information sheet dated October 2010 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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. I understand that once my biopsies and blood sample have been sent to the laboratories of a researcher, it may no longer be possible to withdraw my sample as by this time my donated samples may already have been processed.

3. I understand that de-identified information from my medical notes (gender, age, history of illness, treatment history, family with psoriasis, other related illnesses, etc.) may be given to the researchers at the sponsoring company in addition to the samples I donate. I give permission for this information to accompany the samples I donate.

4. I understand that any data leading to my identity will be removed from my donated samples and any data from my medical records so that the researchers will not know who I am.

6. I understand that the users of the samples have a potential financial interest in using the results of their studies for the improvement or development of therapies and diagnostics.

8. I agree that any left over samples may be kept for future research for up to five years.

9. I agree that my primary care team may give out additional follow-up data to the researchers as long as it is de-identified.

10. I agree that my primary care team may contact me in the future.

11. I confirm that I have received reimbursement of £75 for taking part in this study.

	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>

	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>

Name of Patient

Date

Signature

Name of Person
taking consent

Date

Signature

When completed: 1 copy for patient; 1 copy for clinician file; 1 (original) to be kept in medical notes

Tissue Solutions