



Consent Form

Inflammatory Bowel Disease Nixon Twin & Multiplex Registry

Researchers: Dr Marcus Harbord / Dr Hannah Gordon / Dr William Blad

Please
initial box

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| 1. | I confirm that I have read and understand the information sheet dated 30 th October 2013 for the above database, have had the opportunity to ask questions and agree to take part in the research. | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 3. | I understand that sections of any of my medical notes may be looked at by responsible individuals from the study sponsor or from regulatory authorities, where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 4. | I understand that I will be asked to fill in a short questionnaire asking for details of my medical history | <input type="checkbox"/> |
| 5. | I understand that my GP and IBD specialist will be informed that I am participating in the database. They may be asked to complete a questionnaire asking for details of my medical history | <input type="checkbox"/> |
| 6. | I understand that my personal details, including my telephone number, email and address will be stored within the database | <input type="checkbox"/> |
| 7. | I understand that I may be invited to participate in research studies in the future, but that I am under no obligation to participate. | <input type="checkbox"/> |

I give my permission to take part in the IBD Nixon Twin & Multiplex Registry

Name of Patient	Date	Signature
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Please complete both copies. Keep one for your own records and return the second in the prepaid envelope.