CONSENT FORM (RCT)
(Patient Consent RCT V2-0 10Oct2011)

Parti	cipant study ID:										
Title of Project: CONSTRUCT											
Name of person taking consent:											
INAIIII	e of person taking	Consen	ιι.								Please initial each box
1.	I confirm that I have read and understand the information sheet dated 10 October 2011 Version 18 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.										
	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 relevant sections of my medical notes may be looked at by a research nurse, regulatory authorities or 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.										
4.	I agree to the research team holding personally identifiable information										
5.	I agree that a copy of this Consent Form is sent to the CONSTRUCT Trial Office										
6.	I agree to the rando	om sele	ction	of my	/ drug	treatr	nent				
7.	If I am a woman of child-bearing potential, I agree to use adequate contraception during treatment and for 6 months afterwards if given Remicade.										
8.	I agree to data being collected through the research computer										
9.	I agree to the completion of questionnaires for two years										
10.	. I agree to complete an annual questionnaire and my progress being followed for a further eight years using information taken from my NHS records										
11.	I agree to my GP being informed of my participation in the study										
12.	2. I agree to aspects of my anonymised data being used for reports about the research										
13.	3. I agree to take part in the above study										
14.	14. I agree, if requested, to take part in two telephone interviews (optional)										
15.	I agree to the telepl										
You	r name in capitals					Da	ite		5	Signature	
Name of person taking consent in capitals Date Signature											
ivan	ie oi person taking	conse	rii in	capi	เสเร	Da	ile		3	oignature	

When completed, the original should be kept in the Trial Site File, a copy should be given to the patient, one kept in the medical notes and one sent to the CONSTRUCT Trial Office.