

Patient Consent Form

Chief Investigator: Dr Raashid Luqmani

Local Investigator: (*“Please add per site”*)

Address and telephone number of local investigator: (*“Please add per site”*)

SITE NUMBER:

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PARTICIPANT STUDY NUMBER:

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Please initial in the boxes if you agree.

PART A	
1. I confirm that I have read and understood the information sheet dated (Version), and have had the opportunity to 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, and without my medical care or my legal rights being affected.	
3. I agree that the video images from my ultrasound scan can be used for quality control for the study	
4. I agree to the use of my temporal artery biopsy sample for quality control for the study	
5. I agree for my personal information to be stored confidentially by the TABUL research team so that they can contact me in the future to invite me to participate in any future related research studies. I understand that my participation in any future related study will be entirely voluntary and I can decide not to participate	

6.	I understand that responsible members of the TABUL research team may look at sections of my medical notes where it is relevant to my taking part in research. I give permission for these individuals to have access to my records	
7.	I agree to my GP being informed of my participation in this study	
8.	I understand that my data may be accessed by responsible members of the University of Oxford and the University of Sheffield for the purpose of monitoring or audit	
9.	I agree that my non identifiable data can be stored on a password encrypted data base for the purpose of this study and undefined future related studies	
10.	I understand that the samples collected will be considered a gift to the University of Oxford	
11.	I agree that if I change my mind and withdraw consent from this study at a later date, any clinical information, samples or images obtained that have been donated by me until the time that I withdraw from the study will continue to be used for the study.	
PART B		
PLEASE INITIAL YES OR NO TO EACH OF THE FOLLOWING STATEMENTS		
1.	I agree that the video images from my ultrasound scans and photographic images of my temporal artery biopsy can be stored together with my anonymised clinical details and used in this study and future GCA related ethically approved studies to help improve the training in use of ultrasound and biopsy in the diagnosis of GCA	YES
		NO
2.	agree to give an additional 85ml of my blood during the study	YES
		NO
3.	I agree to the use and storage of my blood samples in a bio bank, including DNA and temporal artery biopsy, for further ethically approved studies to examine the role of inflammatory cells and mediators in the condition	YES

	NO
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I agree to take part in all or part of this study as clearly outlined in the questions that I have initialled and answered Yes or No to.	
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Signed.....D.O.B.....
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Full
name.....Date.....
...

Name of
Researcher.....Date.....

Signed.....
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(Copies: Top copy for Study Office, 1 for patient, 1 for hospital notes)