

National Registry of Rare Kidney Diseases (RaDaR)

Consent Form

Patient Identification: (please affix Hospital Label if available) First Name
Last Name
NHS No/CHI No
D of B

Please initial the box if you agree with the statement

I have read the patient information sheet and have had a chance to ask questions about RaDaR.	
I understand that my participation in RaDaR is voluntary and that I can withdraw at any time without giving a reason.	
I understand that relevant sections of my medical record may be looked at by individuals from RaDaR and regulatory authorities and NHS Trusts where it is relevant to taking part in research. I give permission for these individuals to have access to my records	
I agree that RaDaR can contact me and my doctor with information about and research into my condition.	
I agree that RaDaR can allow patient educational material to be passed on to me.	
I agree that my GP will be informed of the study.	
I agree to participate in RaDaR.	

Your name..... Date.....

Your signature.....

Researcher's name Date.....

Researcher's signature

Consent obtained in person/by post (delete as applicable)

Thank you for your help.

Copies: 1 for patient, 1 for the site file, original in hospital notes