NHS SCOTLAND

RaDaR
National Registry of Rare Kidney Diseases

Patient RaDaR No: Patient First name, Last name: Patient Address: Patient NHS No/CHI No:

Nearest Relative/Guardian or Welfare Attorney Consent Form

If you agree, please initial box

1. I confirm that I have read the RaDaR Relative/Guardian/Attorney Information Sheet dated..... (Version.....). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that this patient's participation is voluntary and that I can request for them to be withdrawn at any time without giving any reason, without their medical care or legal rights being affected.	
3. I understand that relevant sections of their medical notes and data collected during the study, may be looked at by individuals from RaDaR, from regulatory authorities or from the NHS Trust, where it is relevant to their taking part in this research. I give permission for these individuals to access their records.	
4. I understand that their past, present and future data will be used for ongoing and future research and may be shared anonymously with other researchers.	
5. I understand that their data will be linked to other data sources as described in the Patient Information Sheet, and that their personal identifiers (including NHS number and Date of Birth) will be used to search such records.	
6. I understand that the information held and maintained by RaDaR will be used by the central RaDaR team and Rare Disease Group Lead to contact me.	
7. I agree to this patient taking part in RaDaR.	

Name of signatory	Date	Signature

Signatory email address: _____

Relationship to participant (please tick): Nearest Relative ☐ Guardian ☐ Welfare Attorney ☐

Do you give consent for continued use of any data already collected if consent is later withdrawn? Yes ☐ No ☐

Name of Person receiving consent	Date	Signature

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.