**CONSENT FORM**

**BTS UK Interstitial Lung Disease Registry**

|  |  |  |
| --- | --- | --- |
| Patient name: | |  |
| NHS/CHI number: | |  |
| Registry Patient ID number (for hospital to complete): | |  |
|  |  | Please  Initial |
| 1. | I have read and understand the information sheet dated 18 November 2022 (version 2.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2. | I understand that I do not have to take part and I am free to withdraw at any time, without giving any reason. My medical care or legal rights will not be affected if I withdraw my consent my data will be removed from the Registry. |  |
| 3. | I understand that my health information on the Registry may be looked at by a small number of responsible people from my medical team, regulatory authorities, and the British Thoracic Society. I give permission for these individuals to have access to my records to maintain and analyse Registry data. |  |
| 4. | I understand my information on the Registry may be reviewed by the people in point 3 (above) to see if I would be suitable for future research studies. The clinical staff in my hospital may contact me with details about these studies in case I want to take part. I understand that I do not have to take part in any of these studies. |  |
| 5. | I understand that my data may be linked to routine clinical datasets (e.g. the Office for National Statistics, NHS Digital or similar), or to other registries where I have given my consent, and that anonymised data, that cannot identify me, may be shared with researchers, both in the UK and in other countries. |  |
| 6 | I agree to take part in the BTS UK Interstitial Lung Disease Registry. |  |

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| --- | --- | --- |
|  |  |  |
| Name of Patient | Signature | Date |
|  |  |  |
|  |  |  |
| Name of Person Taking Consent | Signature | Date |

**For the patient:** you may have been given this sheet to complete at home. If you are happy with the information provided and would like to take part please complete the form and return to the team treating you at hospital. You can complete/return the form:

* By signing a physical copy then returning it to your hospital team by post, or scanning or photographing it and returning by email.
* By signing an electronic copy either by pasting or typing in your signature/name, then returning it to your hospital team by email.

**For the hospital:** when completed please have three copies – one for the patient, one to be kept in the patient’s medical notes, and one (the original, if signed) for the Registry Lead/researcher site file.