TRINITY HEALTH KIDNEY CENTRE

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

AVERT

Autoimmunity Relapse Prediction using Multiple Parallel Data Sources

Participant Consent Form

Research Ethics Committee reference:

PARTICIPANT STUDY NUMBER

If you agree to take part, please initial each box and sign this form.

		Initial
1	I confirm that I have read and understood the information sheet dated May 2018 (Version 2), and have had the opportunity to ask questions and have had these answered satisfactorily. I know how to contact the research team.	
2	I understand that my participation is voluntary and that I am free to withdraw consent to processing of my identifiable data at any time, without having to give a reason, and without my medical care or legal rights being affected.	
3	I understand that if I change my mind and withdraw from this study at a later date, clinical information already collected may continue to be used as outlined in this consent form.	
4	I agree that data collected for this study may be used in clinical care and linked to related ethically approved studies, and to official health registries, such as cancer and death registries.	
5	I consent to use of the app to record my location and degree of activity periodically	
6	I understand that my non-identifiable data may be shared with academic and commercial collaborators in Ireland and internationally for use in ethically approved research in line with the data sharing agreement.	
7	I agree to my personal identifiable information being stored confidentially by named and vetted members of the AVERT research team for the purpose of maintaining a recruitment log, and so that they can contact me in the future about future related research studies. I understand that participation in any future related study will be entirely voluntary.	
8	I understand that I will not gain any direct personal or commercial benefit from participation.	

I agree to take part in all or part of this study as outlined clearly in the questions that I have initialled:

Name of participant	Signed	Date
……..	……..	……..
Name of person taking consent	Signed	Date

(File original in medical notes, 1 copy for patient and 1 copy for research site file)