

PATIENT CONSENT FORM

Full title of Project:

Rare Kidney Disease Registry and Bioresource.

Name, position and contact address of Chief/Principal Investigator: Prof. Matthew Griffin, Consultant Nephrologist, Merlin Park Hospital, Galway.

Please initial box

1. I am an **adult** taking part in this study.

2. I confirm that I have read and understand the information sheet for the above study and have been given a copy to keep. The information has been fully explained to me and I have been able to ask questions. I understand why the research is being done and any risks involved.

3. I agree to have additional blood and urine samples taken up to 5 times in the next 5 years. I understand that participation in this research is **voluntary** and that I am free to withdraw my approval at any time without my medical treatment being affected.

4. I agree to have a sample of my DNA prepared from one of my samples for the purpose of carrying out genetic research studies.

5. I agree to take part in the above study.

- | | Please tick box | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 6. I give permission for my samples and information collected about me to be stored indefinitely in a bio-bank for possible future research related to this study but only if the research is approved by a Research Ethics Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I give permission for research personnel to look at my medical records to obtain information. I have been assured that information about me will be kept confidential. | <input type="checkbox"/> | <input type="checkbox"/> |

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Researcher/ Person Taking Consent	Date	Signature