**Consent form - Biomarkers and Stratification to Optimise Outcomes in Psoriasis (BSTOP)**

**For Psoriasis participants only**

*Ethics Ref: 11/H0802/7; Date of Approval: 1/3/2011; Study number: STRU-PG-02-201*

**Name of Chief Investigator:** Prof. Catherine Smith

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please initial box:** | | |
| 1 | I confirm that I have read and understand the Patient Information Sheet (Version 6 dated 10/11/2022) for the above study for psoriasis patients and have had the opportunity to ask questions. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I understand that samples and data obtained prior to withdrawal will be de-identified and kept by the research team. |  |
| 3 | I understand, and agree, that members of the study team and the Chief Investigator will, if I am a participant in the BADBIR study, have access to my data from that study, as agreed by the BADBIR Steering Committee. |  |
| 4 | I understand that relevant sections of my medical notes may be looked at by members of the clinical and research team and members of regulatory authorities. |  |
| 5 | I agree to donate **blood** (or saliva if applicable) samples and give my consent for my personal data to be collected for the purposes of this research. |  |
| 6 | I agree to complete the questionnaires and other survey forms about my health. |  |
| 7 | I agree to personal information from which I can be identified being held by the research team at St. John’s Institute of Dermatology in a secure ethically approved research database. |  |
| 8 | I understand that my de-identified study data (including clinical information, samples and research data arising from samples taken) may be shared with other research collaborators, which may involve data being transferred outside the UK (where data laws are different) and to industry partners for the purposes of research for this and future studies. |  |
| 9 | I agree that, following the completion of this study, my personal data and samples may be stored for future studies in the St John’s Research Tissue Bank (Ethics Committee ref 07/H10712/106; HTA Licence number 12521) and on the related research database. |  |
| 10 | I agree to take part in the above study. |  |

**Please initial against “Yes” or “No” to item 11,12, 13 and 14. You may participate in this study regardless of your response to the below statement:**

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|  |  | **No** | **Yes** |
| 11 | I agree to donate **skin biopsy** and/or **skin tape strips** and/or **skin swab** and/orhave **medical photographs** taken ***(delete as appropriate)*** for the purposes of this research and for these materials/images to be stored securely for this study. |  |  |
| 12 | I agree to provide my personal information including my date of birth, NHS number, full name and postcode. I understand that this information is provided for the sole purpose of linking my data to information about me in my NHS record, public health record and other information I have provided for ethically approved psoriasis research studies/databases |  |  |
| 13 | I agree to being contacted in the future if you need further clinical information and/or samples and/or to inform me of future studies which may be of interest. I understand that this part of the study is entirely optional, and I will be given another chance to say yes or no. |  |  |
| 14 | I understand that my photographs will be stored safely and protected in accordance with UK General Data Protection Regulation (GDPR) in a secure database. My photographs will be used for the purposes of scientific and medical research in the public interest. De-identified photographs may be published in scientific reports, journals, on the study website, used in clinical presentations and educational materials, and/or in future research. |  |  |

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| **Signature** |  |  | **Full name of participant** |  | **Date** |
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| **Signature** |  |  | **Name of person taking consent** |  | **Date** |