

## Consent Form

### Predicting 5-aminosalicylate induced nephrotoxicity in patients with inflammatory bowel disease.

Researcher:

Please  
initial  
box

1. I confirm that I have read and understand the information sheet dated 12 January 2011 (version 3) for the above study 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.
3. I understand that sections of my medical notes may be looked at by a member of the clinical team. I give permission for these doctors and nurses to have access to my records.
4. I understand that my DNA might be sent to other laboratories in the UK and USA for analyses but my personal details will remain confidential
5. I understand that my DNA and blood will be stored indefinitely for future genetic studies aimed at understanding the genetic factors involved in Inflammatory Bowel Disease. All such future studies will require approval by an ethics committee.
6. I understand that if I later lose capacity to give consent (through ill health or death) I will be withdrawn from the study. No further data or tissue would be collected or any other research procedures carried out but DNA and blood collected prior to the onset of incapacity may be retained and used confidentially in this and future IBD genetic research studies.
7. I agree to take part in the above study

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please complete both copies. Keep one for your own records and return the second in the prepaid envelope.

Affix study label here