

# CONSENT FORM

## Cellular Mechanisms of Inflammatory Liver Diseases

REC study ref:

Patient Study ID Number:

Name of Principal Investigator: Dr David Sheridan

**Please initial  
every box**

1. I confirm that I have read and understand the Patient Information Sheet (**Version 8.0**, dated **17<sup>th</sup> September 2015** ) for the above study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

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 other legal rights being affected.

3. a) I understand that my GP will be informed of my decision to participate in this study.

**or**

b) I **do not** want my GP to be informed of my decision to participate in this study

4. I understand that sections of any of my medical notes may be looked at by authorised individuals from Plymouth University and Plymouth Hospitals NHS Trust where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

5. I agree to allow information about me to be collected, stored securely, analysed and reported by members of the study team at Plymouth University. I understand that my identity will remain pseudonymised.

6. I agree to give a urine, stool and blood sample for the purposes of this study and may be asked to provide further samples at yearly intervals in the future.

7. I agree to allow any stored and unused liver material from a previous biopsy or operation to be used for the purpose of this study.

8. I agree to allow the sharing of my pseudonymised data and samples with other collaborating research teams both within and outside the UK.

9. I agree that information about my genes can be analysed and I understand that any such analyses will only be undertaken on data from which all personal information has been removed and replaced with an pseudonymised code.

10. I give permission for my name to be registered with the NHS Medical Research Information Service (MRIS). I give permission for information about my health status to be obtained from the NHS MRIS by Plymouth Hospitals NHS Trust, if necessary.

11. I understand that even if I withdraw from the above study, the data and samples collected from me will be used for analysis. I understand that my identity will remain pseudonymised.

12. I wish to take part as a member of the patient/public involvement group and commit to attending up to 12 meetings at Derriford Hospital over the next 2 years.

13. I agree to take part in the above study

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher  
(Original to be filed in the Investigator Site File; 1 copy to be given to the patient; 1 copy to be filed in the patient's hospital notes)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature