PARENT OR GUARDIAN'S CONSENT FORM

Title of Project: British Association of Dermatologists Biologic Interventions Register

Name of Chief Investigator: Professor Christopher Griffiths

Please initial box

1. I confirm that I have read and understand the information sheet dated 01/08/2017 (version 5) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my child's participation is voluntary and that they are free to withdraw at any time without giving a reason and without their medical care or legal rights being affected. ☐

3. I understand and agree that my child's identifiable details (date of birth and health service number, name in Scotland only) may be shared with national providers of healthcare data for the purpose of linking to information held about any hospital admissions they have had, details if they registered as having cancer or, in the event of their death. Details of the organisations linked to are available on the final page of the information sheet and at www.badbir.org ☐

4. I agree for my child to complete the questionnaires and other survey forms about their health. ☐

5. I agree that my child's specialist Dr _____ may provide the researchers with information from their Health Records that is relevant to this Study. ☐

6. I agree to my child's information, from which they can be identified, being held by the research Team at the University of Manchester together with data collected during the study. ☐

7. I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by individuals from University Of Manchester, their representatives/ agents, the regulatory authorities and individuals from the Hospital. I give permission for these individuals to have access to my child's records which will include identifiable information. ☐

8. I understand that some data, which will not contain information that could identify my child, may be transferred out of the UK ☐

Name of patient

Name of Person with parental responsibility for the patient	Date	Signature
Name of Person taking consent	Date	Signature

1 copy for patient; 1copy for researcher; 1 copy to be kept with hospital notes