PARENT OR GUARDIAN'S CONSENT FORM

Title of Project: British Association of Dermatologists Biologics and Immunomodulators Register

Name of Chief Investigator: Professor Richard Warren

Please initial box

1. I confirm that I have read and understand the information sheet dated 19/03/2026 (version 5.4) 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 or medical prescriptions 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 of my child's data may be transferred to pharmaceutical companies outside of the UK and the European Union. This will not include directly identifiable data, but will contain their initials, month and year of birth, and gender. ☐

The following activities are optional, you may participate in the research without agreeing to the following:

9. I agree that the researchers at the University of Manchester may contact me in the future about other research projects. ☐

_____
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