

Centre Name:

Participant Identification Number for this trial:

CONSENT FORM FOR PATIENTS

Title of Project: **UNITE**

Name of Researcher:

1. I confirm that I have read and understood the information sheet dated 26th January 2015 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Please initial box
dated
to

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 data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part of this research. I give permission for these individuals to have access to my records. Anonymised data will be stored on a database.

Note: Points 4,5 and 6 applicable to St. Marks Hospital only

4. I understand and agree to provide a stool sample. A kit will be sent to me in the post. This sample may be stored and analysed for future studies. We plan to analyse the bacteria in the stool which may give an indicator of disease activity.

5. I agree that the results from my blood sample taken for normal care can be used in the study. An additional 5mls of blood will be taken for analysis.

6. I understand and agree to provide a urine sample. This sample may be stored and analysed for future studies. We plan to analyse the urine for waste product (metabolites) which may give an indicator of disease activity.

7. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of person taking consent

Date

Signature