Centre Number: CR - 4330

Study Number: SKS - 1056

Participant Identification Number for this trial:

NHS
Northern Care Alliance
NHS Foundation Trust

CONSENT FORM

Title of Project: SALFORD KIDNEY STUDY

Name of Researcher: Prof PA Kalra, Dr Poulikakas, Dr Sinha, Prof D Green, and Dr R Middleton

Please initial boxes

1. I confirm that I have read the information sheet dated 19/07/2021 (Version 1.2 *all Pts*) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily	EH
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	EH
3. I understand that if I choose to withdraw from the study, any samples or information given before my withdrawal will continue to be used in the study. No further research procedures or investigations will be perfomed but clinical outcome/end-point data will still be collected	EH
4. I understand that if I were to lose capacity to consent during the study, data and/tissue (if applicable), aleady collected with consent would be retained and used in the study. No further data and/or tissues would be collected, or any other procedures carried out on or in relation to me, but clinical outcome/end-point data may still be collected.	EH
5. I agree to give blood ☑, and/or urine ☑, and/or saliva ☑, and/or buccal samples ☑ for research in this project. I agree that when it has been decided that the samples are no longer needed, they will be disposed of in line with local procedures for clinical waste	EH
6. I agree to unspecified ethically approved future research using my samples and/or data. I understand that may include genetic research aimed at understanding disease, but the results of these investigations are unlikely to have implications for me personally. I agree that when it has been decided that the remaining samples are no longer needed, they will be disposed of in line with local procedures for clinical waste	EH
Some of the procedures listed below (points 5 – 9) may not be relevant for your type of kidney disease. If you are asked to participate in any of these, they will be discussed in detail and undertaken if mutually convenient	
7. I agree that the research team can use surplus tissue from past and future kidney biopsies and/or surgeries for research in this project and/or for future unspecified ethically approved research. This tissue will be surplus to any required for analysis by the pathology laboratory and will be disposed of as clinical waste when no longer needed. I understand that no extra tissue will be taken during any biopsy/surgery that is specifically for this research, nor will I be asked to undergo a biopsy/surgery for this research.	EH
8. I agree to undergo blood vessel scans for research in this project if requested to by the study team	EH
9. I agree to undertake questionnaires for research in this project if requested to by the study team	EH
10. I agree to give details about my family history of renal disease if requested by the study team	EH

11. If requested by the research team I agree to participate in the Heart Health sub-study which I understand may involve one or more of the following tests: echocardiogram (echo) scans, electrocardiograms (ECGs), portable ECGs, and 24 hour ambulatory blood pressure monitoring. For 24 hour tests I understand that I will have to wear the relevant device at home. I understand that these extra tests may be conducted when I attend hospital as part of my routine clinical appointment or that I may be asked to attend the hospital for up to 1 extra visit per year. I understand that transportation or parking costs may be provided to me for the extra visit if required.	EH
12. I agree to my General Practitioner being informed of my participation in the study. I understand that the information held by my GP and other UK NHS bodies may be contacted to provide information about my health status as part of this study. I also agree for the research team to use other non NHS data sources to gain further information	EH
13. I understand that data, and/or samples that I have provided will not include any personally identifiable information and may be used to support other unspecified ethically approved research in the future. Data containing no identifiable information may be shared with other researchers. This may include sending information and samples overseas, including outside of the UK and the European Union (EU). Any income that may be directly received from this by the Trust will be re-invested to support future research in the NHS.	EH
14. I understand that my medical notes and data collected from this study may be looked at by regulatory authorities or by persons from the Trust where it is relevant to my taking part in this research. I agree to these persons having access to this information	EH
15. I understand that I will not benefit financially for taking part in this research and I will not benefit financially if this research leads to the development of a new treatment or medical test.	EH
16. I agree that I am willing to be contacted about other future research studies. I am aware that this contact may be via post, telephone, email or social media/websites	EH
17. I agree to take part in the above study	EH

[redacted]	7/12/22	[redacted]
Name of participant	Date	Signature
[redacted]	7/12/22	
Name of person taking consent	Date	Signature