



Renal Protection Against Ischaemia Reperfusion in Transplantation

XXXXXXXXXXXXXXXX

NHS Trust



XXXXXXXXXXXX

# Donor consent form

Name

REPAIR ID number

Investigator

Study number: 09/H0715/48

Please initial each box

I understand that I have read and understand the information sheet dated 3rd November 2009 (version 5) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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.

I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University College London, from The London School of Hygiene and Tropical Medicine, from regulatory authorities, or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my notes.

I understand that I am gifting my blood, urine and tissue samples to the investigators and in so doing give up all future claims to its use that may include further research.

I give permission for a copy of this consent form, which contains my personal information to be made available to the Trial Coordinating Centre in London for monitoring purposes only.

I understand that if my care was undertaken by the Royal Free Hospital that I need to return as an outpatient to have blood taken at 1, 3, 6, 12 and 18 months following the surgery.

I understand that I am gifting a sample of my DNA to the investigators, and this may be used in future research.

I agree to my GP being informed about my participation in the study.

I agree to take part in the study.

Participant signature

Print name

Date

Person taking consent signature

Print name

Date

Version 2 (Donor) 3rd November 2009