



Renal Protection Against Ischaemia Reperfusion in Transplantation

Recipient consent form

Name REPAIR ID number [ ] [ ] [ ] [ ] [ ]

Investigator Dr xxxxxxxxxxxxxxxx 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 personnel information to be made available to the Trial Coordinating Group in London for monitoring purposes only.
I understand that I will need to attend follow up appointments in 3 months and 12 months. Data will continue to be collected from my notes for a further 5 years.
I understand that if I am under the care of the Royal Free Hospital, I will have extra visits at 1, 6 and 18 months for a blood test.
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 3 (Recipient) 4th November 2009