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MSBase/MGBase Registry Global Cohort Study of Multiple Sclerosis (MS) and other Neuroimmunological Diseases (NIDs)

Informed Consent Form

Please initial box

I confirm that I have read the participant information sheet dated.....(version.....) 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 information from my medical record of from routine clinical visits will be collected in a compatible MSBase data entry system designed specifically for MS/ NIDs data-entry and will then be electronically transferred, codified and securely stored in the MSBase Registry global dataset in encrypted highly-secure Microsoft Azure Servers.	☐
I understand that I will not be able to be identified by the information that is transferred to the MSBase Registry.	☐
I understand that my MRI scans will be sent to the MSBase imaging repository.	☐
I understand that I will not be able to be identified by the scans that are transferred to the MSBase imaging repository.	☐
I understand that the codified information electronically transferred to the MSBase Registry will be used purely for research purposes, and that my codified information may be shared confidentially with other third parties including drug companies.	☐
I understand that my codified information will be transferred outside of the U.K. and stored in encrypted Australian Microsoft Azure Servers	☐
	☐

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I understand that I can later chose to withdraw from taking part in the MSBase Registry Observational Study, allowing the information about me that is already on the Registry to be kept with no further data added.	
I understand that relevant sections of my medical notes and data collected during the study, may be looked at by authorised individuals from regulatory authorities or from the site, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my medical records.	☐
I agree to take part in the MSBase Registry Global Cohort Study of Multiple Sclerosis (MS) and other Neuroimmunological Diseases (NIDs)	☐

_____	_____	_____
Name of Participant	**Date**	**Signature**

Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks, and I believe that the participant has understood that explanation.

_____	_____	_____
Name of Researcher	**Date**	**Signature**

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.