

## CONSENT FORM

**Title of Study: The PsoProtect Research Database**

**Ethics Reference: 20/YH/0135**

**Date of Approval: 18<sup>th</sup> May 2020**

**Chief Investigators: Professor Catherine Smith, Dr Satveer Mahil**

I agree to provide my personal information including my date of birth, NHS number, full name and postcode. I understand that this information is provided for the sole purpose of linking my survey results to information about me in my NHS record, public health record, and (if relevant) about the drugs I am taking that are distributed by a Homecare company (e.g. biologics) and other information I have provided for ethically approved psoriasis research studies (e.g. BADBIR, B-STOP).

**Signature**

**Date**

Please provide your:

<b>Date of birth:</b>	<input type="text" value="/ /"/>
<b>NHS number:</b>	<input type="text"/>
<b>Full name:</b>	<input type="text"/>
<b>Postcode:</b>	<input type="text"/>
<b>PsoProtectMe survey reference number:</b>	<input type="text"/>
<b>Date of completion of PsoProtectMe survey:</b>	<input type="text" value="/ /"/>

*Your confidential information will be stored safely and protected in accordance with General Data Protection Regulation (GDPR) in our secure database. None of your confidential information will ever be made public and it will only be used for the purposes of scientific and medical research in the public interest, in accordance with our ethical approval (REC ref 20/YH/0135). You have the right to have your confidential information removed from the survey at any time - please contact us at [psoprotect@kcl.ac.uk](mailto:psoprotect@kcl.ac.uk). For further information, please visit [www.psoprotectme.org/faqs](http://www.psoprotectme.org/faqs).*

**Please return the completed form:**

- Scan and email to [psoprotect@kcl.ac.uk](mailto:psoprotect@kcl.ac.uk)

**Or**

- Post to PsoProtectMe Study Team, St John's Institute of Dermatology, 9<sup>th</sup> Floor, Tower Wing, Guy's Hospital, London. SE1 9RT.