 

Do Non-steroidal Anti-inflammatory drugs Mask Inflammation in Spondyloarthritis on MRI

**CONSENT FORM**

**Name of Chief Investigator: Dr Gareth Jones**

 **Please initial box**

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| 1. I confirm that I have read and understand the information sheet dated ……… (Version …) for the above study and have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.
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| 1. 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.
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| 1. I understand that, if I change my mind and withdraw consent from this study at a later date, any clinical information, obtained until the time that I withdraw from the study, will continue to be used for the study.
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| 1. I agree to my scans being viewed by MRI specialists and my usual consultant to be contacted, if any clinically significant information comes to light, as a consequence of taking part in this study.
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| 1. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the study team, the University of Aberdeen, from regulatory authorities if appropriate or from the NHS Board/Trust, where it is relevant to my taking part in this research.  I give permission for these individuals to have access to my records.
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| 1. I agree that identifiable data can be stored on a secure database at the University of Aberdeen for the purpose of this study.
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| 1. I agree that my GP can be informed of my participation in the above study.
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| 1. I agree to take part in the above study.
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| 1. I agree that my nonidentifiable data may be used in undefined future related studies. Any future study/studies must be ethically approved.
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| 1. I agree to be contacted by the study team for future studies that they may be undertaking. I understand that identifiable contact information will be kept after the end of this study and this information will be held in accordance with the data protection act. I understand that my participation in any future related study will be entirely voluntary, and I can decide not to participate.
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Name of Participant Date Signature

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Name of person taking consent Date Signature