

CONSENT FORM

Title of the Research project:
Identification of genes involved in renal, electrolyte and urinary tract disorders

Investigator: Professor Robert Kleta

Contact details:



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Please **initial boxes** to indicate agreement:

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| 1 | I confirm that I have read and understand the information sheet dated 21/12/2018 (version 4.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | |
| 2 | I understand that my/my child's participation is voluntary and that I am / they are free to withdraw at any time, without giving any reason, without my/their medical care or legal rights being affected. | |
| 3 | I understand that relevant sections of any of my/my child's Medical Notes and data collected during the study may be looked at, by employees from Regulatory Authorities or from Great Ormond Street Hospital/ Institute of Child Health, where it is relevant to my/my child's taking part in this research. I give permission for these individuals to have access to my/my child's records. | |
| 4 | I agree to my/my child's GP being informed of my/their participation in the study. | |
| 5 | I agree to my/my child taking part in the genetic analysis | |
| 6 | I agree to my/my child's urine sample used in this study | |
| 7 | I agree to my/my child's kidney biopsy (if available) to be used in this study | |
| 8 | I agree to my/my child's tissue sample (if available) to be used in this study | |
| 9 | I agree to an ultrasound being performed on me/my child if it will further the researcher's knowledge of the condition being investigated | |
| 10 | I agree to sharing of my/my child's samples (but not personally identifiable information) with other organisations, such as commercial organisations for research purposes | |
| 11 | I agree to my/my child's sample being used in future ethically approved research projects. | |

Name of Participant/Patient/Parent

Date

Signature

Name of Person taking consent
(if different from Investigator)

Date

Signature

Investigator

Date

Signature