



Participant ID:	9								
Site ID:	9								

**Consent form**

**ESSENTIAL parts of the EMPA-KIDNEY study (please initial each box)**

Please initial a box on each row

1 I confirm that I have read and understood the EMPA-KIDNEY Participant Information Leaflet (version number below). I have had the opportunity to consider the information and ask questions. These have been answered satisfactorily.

Participant Information Leaflet Vn.N DD-MMM-YYYY

2 I understand that my participation in EMPA-KIDNEY is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.

3 I agree to blood/urine samples being taken for EMPA-KIDNEY-related tests and for results to be provided to my GP (if necessary).

4 I give permission for relevant sections of my medical notes, and information collected during the study, to be looked at, in confidence, by authorised individuals from my local study site, the University of Oxford, EMPA-KIDNEY Regional Coordinating Centres, Boehringer Ingelheim, and regulatory authorities (UK or foreign) to check that the study is being carried out correctly.

5 I understand that my identifiable data will be passed to NHS Digital and the UK Renal Registry in order that information about my health (including but not necessarily limited to cancer, hospital admissions, civil registration and end-stage renal disease) held by NHS Digital, other NHS bodies and the UK Renal Registry may be provided to EMPA-KIDNEY both during and after the scheduled study follow-up period.

6 I understand that my GP will be informed of my participation in the EMPA-KIDNEY study.

7 I agree to the collection, storage, processing, transfer and use of my personal data including blood/urine samples as explained in the EMPA-KIDNEY Participant Information Leaflet (version number above).

8 I agree to take part in the EMPA-KIDNEY study.

Please initial Yes OR No

**OPTIONAL parts of the EMPA-KIDNEY study (please initial the box indicating yes or no)**

Yes

9 I understand that my participation in this optional part is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Yes No

10 I agree that the left over samples of my blood/urine, together with my personal data collected during the study, may be stored, processed and used for future scientific research (other than genetics) as explained in the Participant Information Leaflet (version number above), and that I will not be told the results of these tests.

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

11 I agree that left over samples of my blood together with my personal data collected during the study may be stored, processed and used for future genetic scientific research as explained in the Participant Information Leaflet (version number above). I understand that I will not be told the results of genetic tests.

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

12 I agree to be contacted by the study coordinators to provide updated information about my health or be invited to new studies after the scheduled follow-up period of the EMPA-KIDNEY study.

<input type="checkbox"/>	<input type="checkbox"/>
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DD / MMM / YYYY

.....  
PRINTED name of consenting patient

.....  
Signature

Today's date

DD / MMM / YYYY

.....  
PRINTED name of consent taker

.....  
Signature

Today's date