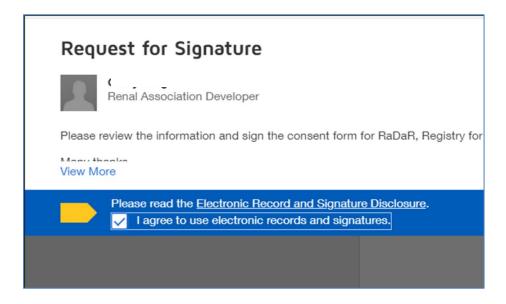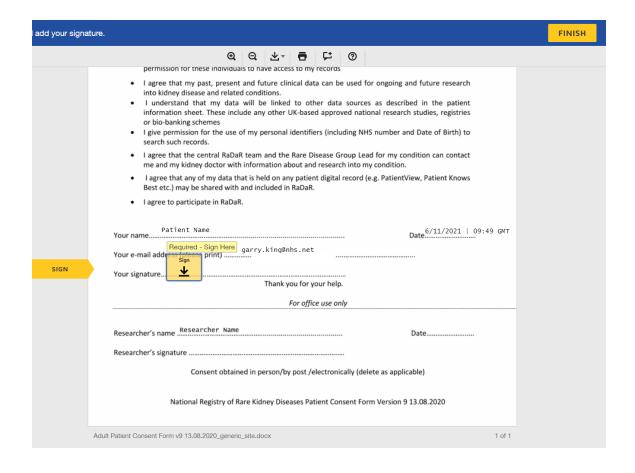# #3 Signing e-Consent Form Patient perspective

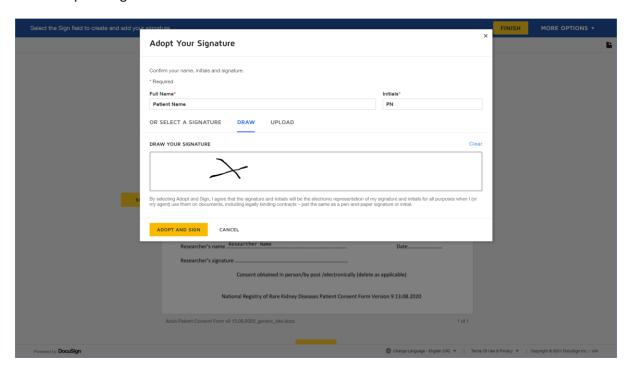Patient should check spam folder in case email has gone there.

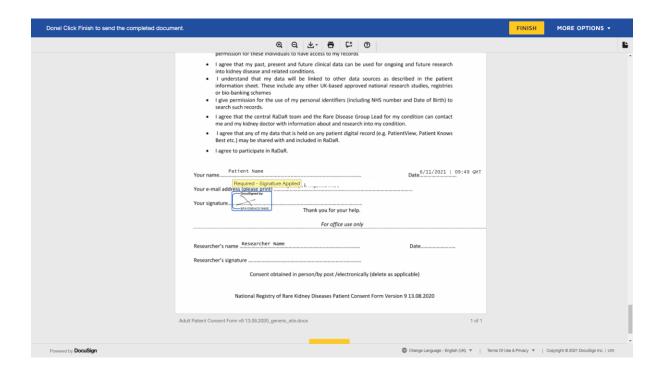The email will be from dse@eumail.docusign.net

Click Review documents, the following will appear. The box must be ticked to continue. Scroll through document to end or click finish to sign consent.
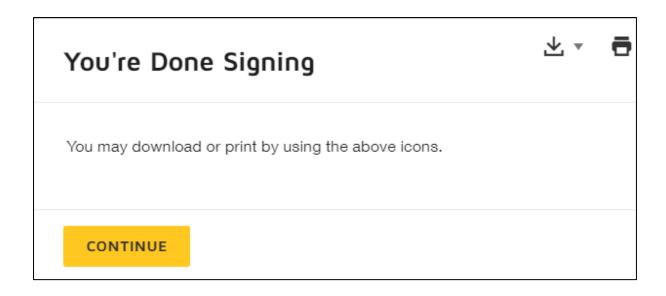
Draw or upload signature

Adopt Your Signature

Confirm your name, initials and signature.

* Required

Full Name*

Patient Name

Initials*

PN

OR SELECT A SIGNATURE   **DRAW**   UPLOAD

DRAW YOUR SIGNATURE   Clear

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts – just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN   CANCEL

Researcher's name ...... Researcher Name ....   Date..........................

Researcher's signature ....

Consent obtained in person/by post /electronically (delete as applicable)

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permission for these individuals to have access to my records

- I agree that my past, present and future clinical data can be used for ongoing and future research into kidney disease and related conditions.
- I understand that my data will be linked to other data sources as described in the patient information sheet. These include any other UK-based approved national research studies, registries or bio-banking schemes
- I give permission for the use of my personal identifiers (including NHS number and Date of Birth) to search such records.
- I agree that the central RaDaR team and the Rare Disease Group Lead for my condition can contact me and my kidney doctor with information about and research into my condition.
- I agree that any of my data that is held on any patient digital record (e.g. PatientView, Patient Knows Best etc.) may be shared with and included in RaDaR.
- I agree to participate in RaDaR.

Your name...... Patient Name ....   Date.. 6/11/2021 | 09:49 GMT ....

Your e-mail address (please print) .... Required - Signature Applied ....

Your signature...... DocuSigned by: ....

BFA1D9EACE1840E

Thank you for your help.

For office use only

Researcher's name ...... Researcher Name ....   Date..........................

Researcher's signature ....

Consent obtained in person/by post /electronically (delete as applicable)

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You're Done Signing

You may download or print by using the above icons.

CONTINUE

Patient will get a copy of completed form once researcher has counter signed.