

Patient sticker may  
be affixed here

## IBD REGISTRY CONSENT FORM FOR CHILDREN

Name of Trust.....

### The purpose of the IBD Registry is to

- Help hospitals improve their IBD services
- Support research into the causes of IBD and better IBD treatments
- Improve society's understanding of how people's lives are affected by IBD

The IBD Registry Patient Information Leaflet explains how your information will be used and your identity protected. Please read the leaflet and then initial the boxes below as appropriate.

|   |  |                          |
|---|--|--------------------------|
| <b>YES, I GIVE PERMISSION</b> for relevant information from my/ my child's health records to be submitted to the IBD Registry   |  | <input type="checkbox"/> |
| <b>If you agree to this, please also consider the following options and initial the boxes if you give permission for:</b>   |  |                          |
| <b>1.</b> Information held by NHS Digital*, NHS Wales Informatics Service and other NHS bodies to be linked to my/ my child's IBD Registry record.                      |  | <input type="checkbox"/> |
| <b>2.</b> Information from my/ my child's health records held by the IBD Registry to be:  |  | <input type="checkbox"/> |
| <b>(a)</b> used in studies run by approved researchers from non-commercial organisations  |  | <input type="checkbox"/> |
| <b>(b)</b> included in fully anonymised reports to companies developing healthcare products (e.g. drugs or medical devices) for research and safety monitoring purposes |  | <input type="checkbox"/> |
| <b>3.</b> My/ my child's information to be used so that the IBD Team can contact me about relevant research projects  |  | <input type="checkbox"/> |

\*formerly known as the Health and Social Care Information Centre

**OR**

|  |                          |
|--|--------------------------|
| <b>NO, I DO NOT GIVE PERMISSION</b> for information from my/ my child's health records to be submitted to the IBD Registry | <input type="checkbox"/> |
|--|--------------------------|

Patient's name ..... Parent/legal guardian's name .....

Patient's signature ..... Parent/legal guardian's signature ..... Date .....

Staff member's name and role .....

Staff member's signature ..... Date .....

For further information visit [www.ibdregistry.org.uk](http://www.ibdregistry.org.uk)

IBD Registry is a not-for-profit company limited by guarantee, with member organisations:  
British Society of Gastroenterology, Royal College of Physicians and Crohn's and Colitis UK

**Company Number 11197749**