STUDY CONSENT FORM

N-Acetylcysteine (NAC) in sickle cell disease; Reducing the incidence of daily life pain

Please initial all boxes

1. I confirm that I have read and understand the information sheet for patients version 3.0, dated February 6th 2015. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I know that my participation is completely voluntary. I may at any time decide to withdraw my consent and participation without my medical care or legal rights being affected. ☐
3. 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. ☐
4. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the Academic Medical Center in Amsterdam , from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
5. I agree to my GP being informed of my participation in the study. ☐
6. I agree for my anonymised data to be sent outside the UK to the Sponsor of the study in the Netherlands and to store this personal data (coded) for up to 20 years after completion of the study. ☐
7. I agree for my (coded) blood to be transferred outside the UK to the Sponsor of the study in the Netherlands and stored for up to 15 years after the end of this study so that it may be used for future additional research purposes. ☐
8. I agree to take part in the above mentioned study. ☐

I **DO / DO NOT *** agree to receive free SMS text messages on my mobile phone, sent by the Sponsor, during the course of this study for the purpose of reminding me of medication use and use of the pain diary.

|_____| Name participant **

|__|__| - |__|__| - |__|__|__|__| Date of birth **

|___-____-_____| Date **

|_____| Mobile phone number (if applicable):

|_____| Signature

I hereby declare that I have fully informed the subject about the mentioned study. If during the research information comes available that could affect the consent of the subject, I'll inform him / her timely.

|_____| Name research employee **

|___-____-_____| Date **

|_____| Signature

* *Please strike out whatever answer is not applicable*
** *Please use block letters. Note the date in the following way: dd-mm-yyyy.*

OHCT Oncology & Haematology Clinical Trials

Guy's and St Thomas' NHS
NHS Foundation Trust

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