

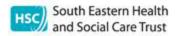


MSBase/MGBase Registry Global Cohort Study of Multiple Sclerosis (MS) and other Neuroimmunological Diseases (NIDs)

Informed Consent Form

Please initial box

I confirm that I have read the participant information sheet dated(version) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
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.	
I understand that information from my medical record of from routine clinical visits will be collected in a locally installed software designed specifically for MS/ NIDs data-entry (MSBase Data-entry Software (MDS), or MSBase iMed Software) and will then be	
electronically transferred, codified and securely stored in the MSBase Registry global dataset	
in encrypted highly-secure Microsoft Azure Servers.	
I understand that I will not be able to be identified by the information that is transferred to the MSBase Registry.	
I understand that my MRI scans will be sent to the MSBase imaging repository.	
I understand that I will not be able to be identified by the scans that are transferred to the MSBase imaging repository.	
I understand that the codified information electronically transferred to the MSBase Registry will be used purely for research purposes, and that my codified information may be shared confidentially with other third parties including drug companies.	
I understand that my codified information will be transferred outside of the U.K. and stored in encrypted Australian Microsoft Azure Servers	





I understand that I can later chose	to withdraw from taking pa	art in the MSBase Registry	
Observational Study, allowing the i	•	•	
kept with no further data added.		is an easy on the region, to se	
I understand that relevant sections may be looked at by authorised ind it is relevant to my taking part in thi access to my medical records.	lividuals from regulatory a	uthorities or from the site, where	
I agree to take part in the MSBase and other Neuroimmunological Dis		rudy of Multiple Sclerosis (MS)	
Name of Participant	Date	Signature	
Declaration by researcher*: I have give believe that the participant has unders	·	e research project, its procedures and	d risks, and I
Name of Researcher	Date	Signature	

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.