



EMBARC

The European Bronchiectasis Registry



ERS

EUROPEAN
RESPIRATORY
SOCIETY

Consent Form

Title of Study: **EMBARC: THE EUROPEAN BRONCHIECTASIS REGISTRY**

Name of **Site** Investigator: [Dr. James Chalmers, Ninewells Hospital & Medical School, University of Dundee, Scotland, UK. jchalmers@dundee.ac.uk]

Please initial the box if you agree with the following statements

1. I confirm I have read and understand the patient information sheet, version 2.0 dated 16/12/14, for the study and have had the opportunity to ask questions
2. I understand that my participation in this study is voluntary and that I am free to withdraw at any time without giving a reason, without my medical care or legal rights being affected.
3. I understand that sections of my medical notes may be looked at by health professionals involved in the study or representatives of the Sponsor where it is relevant to conducting the research. I give permission for these individuals to have access to my records.
4. I agree to the inclusion of my personal information in the European bronchiectasis registry and understand that it will be used for research purposes.
5. I agree that my information in the registry will be shared with third parties for the purposes of research and that I will receive no payment for participation in the study
6. I am willing to be contacted in the future if I am potentially eligible to participate in a research study or clinical trial (ticking this box does not imply any obligation to take part in future studies. Any future study will be subject to approval by the appropriate ethical committee or review board).
7. I agree to take part in the study

Name of Patient

Date

Signature

Name of person taking consent

Date

Signature