



Centre Name:	
Principal Investigator:	
EudraCT Number:	2015-003600-23

CONSENT FORM

APRICOT

Anakinra for Pustular psoriasis: Response in a Controlled Trial

REC Ref: 16/LO/0436

	Please Initial
1. I confirm that I have read and understand the Participant Information Leaflet (V5 12/03/2018) for the above clinical trial for pustular psoriasis patients and have had the opportunity to ask questions	
2. 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	
3. I understand that this trial is randomised and placebo controlled and that my psoriasis may not improve or may worsen during the trial period.	
4. I agree to donate blood samples and to complete trial specific activities as described in the patient information leaflet. I give permission for relevant clinical data to be collected and stored on a database in an anonymised manner for this study	
5. I agree to my DNA being analysed for the purposes of this research study as described in the accompanying patient information leaflet.	
6. I understand that although all information collected about me will be kept strictly confidential, access to relevant sections of my medical notes and data collected during the study will be provided to representatives of the sponsor, regulatory authorities and the clinical study team, where it is relevant to my taking part in this research. I understand that anonymised safety information from the study may also be shared with the company that produces the drug. I give permission for these individuals to have access to my records.	
7. I agree to personal information from which I can be identified being held by the research team at Guy's and St Thomas' NHS Foundation Trust on a secure NHS database	

8. I agree that following completion of this study my personal data and materials may be stored for future studies in psoriasis in the St. John's Research Tissue Bank – Ethics Committee ref: 07/H10712/106; HTA Licence number: 12521 and on a secure web based NHS database separate to the rest of my trial data. I understand that anonymised study data may also be shared with our research collaborators which may involve data being transferred outside the UK and to commercial partners for the purposes of research	
9. I understand that I do not own or have any rights to the samples or information that comes from the sample analysis, and that I will not benefit financially if the research leads to the development of a new treatment or medical test.	
10. I agree to my GP being informed of my participation in this trial	
11. I agree for my personal mobile phone number to shared with and used by the SMS service provider for the purposes of the trial only	
12. I agree to have photographs taken of my hands and feet for the purposes of this trial and for them to be sent to the central trial team. Transfer will not include my name but may include my date of birth. (Only applicable to select sites).	
13. I understand anonymised photographs may be published in relevant study literature and educational material, including shared outside the UK.	
14. I agree to take part in the above trial	

The following items are optional. You may participate in APRICOT regardless of your response to the statements below. Please initial either "Yes" or "No".

	Yes	No
15. I agree that the research team may contact me in the future for trial follow up and to discuss potential further involvement in research.		
16. I agree to donate samples of my skin for the purposes of this trial and for this material to be stored securely in an anonymised manner.		
17. I agree to donate samples of my hair for the purposes of this trial and for this material to be stored securely in an anonymised manner.		

_____ Name of Participant	_____ Signature	_____ Date
_____ Name of Person taking consent	_____ Signature	_____ Date

Please keep original signed consent form in the Investigator Site File, and provide a copy for the medical notes and for the participant