



British Spine Registry Consent Form

Helping to improve patient care through knowledge

Please tick to confirm that you have been given / read the 'BSR patient information leaflet'

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| <p>Surname: _____</p> <p>First Name: _____</p> <p>Date of Birth: ____/____/____</p> <p>Postcode: _____</p> <p>Email address (if you are happy for us to send you email links to questionnaires): _____</p> |
| <p>I CONSENT to:</p> <ul style="list-style-type: none">• Personal details being recorded in the British Spine Registry.• I understand information in the Registry will be used to look at the outcomes of treatment and may be used for research purposes and results will be published.• I understand that data identifying me will not be released to anyone unless required by law or where there is a clear public need to do so.• Your data may be accessed by other spinal medical professionals in the future who are involved in your medical care.• I understand that I may ask for my details to be removed at any time and may request access to my personal data.• I understand that my health data may be linked to other national health databases. <p>Patient / Parent agreement to data collection for Registry and Research:</p> <p>Signature: _____ Date: ____/____/____</p> |
| <p>To be completed by the person accepting patient consent</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: ____/____/____</p> |

This form should be retained.