

Participation Consent

International RegiSCAR-Registry of Severe Cutaneous Adverse Reactions (SCAR) to Drugs and Collection of Biological Samples (RegiSCAR)

I, undersigned (full name) _____ accept to participate in the RegiSCAR-study after
having been informed by Doctor _____ of the aims and practical implications of this study.
This study has been approved on (date)..... by the Ethical Committee of

I have been informed of the aims, potential benefits and constraints related to this study as detailed in an information sheet that I read and understood. I, therefore, accept to answer a questionnaire now and maybe later if indicated. I also accept that a sample of 60 ml of my blood will be stored anonymously in a specialised bank and that afterwards the components of the blood, including genetic material (DNA), will be distributed to several RegiSCAR-teams of scientists for research only on the mechanisms of adverse drug reactions.

The results will not affect directly my own health but their potential impact will be more general. If I wish I will be informed of these general results after the end of the study. If this research contributed to the discovery of diagnostic tests or of new treatments, I will not claim any intellectual property on this discovery and on potential patent(s).

I will be able to address any question on the study to Doctor.....Tel.....

I understand that I am totally free to deny my participation, to withdraw my consent and to require the destruction of my blood samples at any time without having to give the reason for it. This will not affect my relationships with the physicians or the quality of medical care.

All personal information will be confidential and will not be accessible to anybody other than the scientific investigators or legal authorities. I accept that the collected data are computerised with the guarantees provided by the law.

My agreement to participate does not relieve the organisers of the research of their moral and legal responsibility. I keep all the rights granted by law.

Done in _____ Date _____ Signature _____

I want to be informed of the final results of the study YES NO

If yes at the following address:

I undersigned Doctor _____ certify that all information on the study has been provided to
Mr, Mrs, Ms. _____ I will commit myself to the respect of all terms of this consent.

Done in _____ Date _____ Signature _____