

**Participation of a person unable to provide a consent**

**International Registry of Severe Cutaneous Reactions (SCAR) to drugs and Collection of Biological Samples (RegiSCAR)**

I, undersigned (full name) \_\_\_\_\_ legal guardian of Mrs, Mr Ms.....  
accept that he/she participates to the RegiSCAR study after having been informed by Doctor \_\_\_\_\_  
of the aims and practical implications of this study. This study has been approved on \_\_\_\_\_ by  
the Ethical Committee.

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 one year later. I also accept that a sample of 60 ml of my relative 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 teams of scientists for research only on the mechanisms of adverse drug reactions. I (or my relative) will be able to address any question on the study to Doctor..... Tel.....

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

As soon as my relative will be able to give an opinion, Doctor .....will ask him/her to confirm or withdraw this consent.

All personal information will be confidential and will not be accessible to anybody else than the scientific investigators or legal authorities I accept that the collected data are computerised with the guarantees provided by the law "Informatique et Libertés". I, or my relative, will be able to get an access to computerised data by asking any Physician to contact Dr .....

My agreement to the participation of my relative does not relieve the organisers of the research of their moral and legal responsibility. I and my relative 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 \_\_\_\_\_