**The BILAG Biologics Prospective Cohort:**

**Long-term Safety of New Treatments in the Management of SLE**

**SUPPLEMENTARY CONSENT FORM – LUPUS AND COVID-19 (version 1.2 (29/09/2021)**

**Name of Lead Researcher: Professor Ian Bruce**

If you are happy to participate please complete and sign the consent form below.

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| --- | --- | --- |
|  | **Activities** | **Initials** |
| 1 | I understand that this consent form is for the part of the BILAG BR study concerning covid-19 in lupus patients. This consent form is in addition to the consent form I signed when I joined the BILAG-BR study. |  |
| 2 | I confirm that I have read the supplementary information sheet (BILAG BR Supplementary Information Sheet – Lupus and COVID-19 **Version 1.1, Date 19/04/2021**) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. |  |
| 3 | I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.  I agree to take part on this basis. |  |
| 4 | I agree that any data collected may be included in anonymous form in publications/conference presentations. |  |
| 5 | I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data. |  |
| 6 | I agree that any anonymised data collected may be made available to other researchers |  |

**The following activities are optional, although to take part in this part of the BILAG BR study you must agree to participate in at least one of 7, 8 or 9. (You can choose to take part in them all.)**

|  |  |  |
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|  | **Activities** | **Initials** |
| 7 | I agree to complete the Lupus and covid-19 survey. |  |
| 8 | I agree to donate a dried blood spot sample to the BILAG BR for the research purpose as explained to me. I understand that the research using my sample will include genetic research. |  |
| 9 | I agree to have blood samples taken for the research purpose as explained to me. I understand that the research using my sample will include genetic research. |  |
| 10 | I understand that the sponsors of this study may make my blood samples available to other researchers for future covid-19 and lupus research and that this may include researchers working abroad. I give permission for these individuals to have access to my sample, but not any personal identifying information about me. I offer my blood sample as a gift |  |
| 11 | I agree that the researchersmay contact me in future about other research projects. |  |

**Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the** [**Privacy Notice for Research Participants**](http://documents.manchester.ac.uk/display.aspx?DocID=37095)**.**

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Name of Participant Signature Date

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Name of the person taking consent Signature Date