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## DIRECTORATE OF NEPHROLOGY, TRANSPLANTATION & UROLOGY

**The Urology Centre / Floor 1: Southwark Wing**

Guy’s Hospital

St Thomas Street

London SE1 9RT

 Tel: 020 7188 7188

**CONSENT FORM**

**Date:**

### Title of Project: Inclusion of national Klinefelter Clinic database (RedCap) in management of patients with Klinefelter’s syndrome

**Name of Researcher:** T Yap

**Please initial each box**:

1. I confirm that I have read and understand the information sheet dated [Version 2, 29/06/21] ⬜
for the above study 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 sections of any of my medical notes may be looked at by responsible ⬜ individuals from the research team where it is relevant to my taking part in research,

 to ensure the precision, quality, and integrity of the data
 collected. I give permission for these individuals to have access to my records.

1. I give permission for my GP to be informed. ⬜
2. I agree to take part in the above study. ⬜
3. I consent to be contacted about the results of this study (you may wish to receive a
summary of findings either by post or email) ⬜

7. I consent to be contacted for future research ⬜

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**Name of Patient Date Signature**

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Name of Person taking consent Date Signature

(if different from researcher)

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Researcher Date Signature

1 for patient; 1 for researcher; 1 to be kept with hospital notes (scanned to EPR)