



Australian MS Longitudinal Study Consent Form

Instructions: Save the completed form and email a copy to AMSLS.info@utas.edu.au

Participant Details

Enter the details of the person volunteering for the Australian Multiple Sclerosis Longitudinal Study.

I,

Name of participant with MS

Birth Date (DD/MM/YY)

Of,

Number and Street Name

Suburb

Postcode

State

Proxy Details

Please complete this section ONLY if you are filling in the form on behalf of the above participant with MS

I,

Name

Of,

Number and Street Name

Suburb

Postcode

State

Being the

Relative, carer, nurse, etc.: if a relative please state relationship, e.g. wife, son etc.

Of

Name of person with MS, as for the participant above

Consent

Please read the following points before signing the signature block. Further information can be found on the Information Sheet or by visiting www.msra.org.au/AMSLS.

1. The University of Tasmania Medical Human Research Ethics Committee has approved the Australia Multiple Sclerosis Longitudinal Study.
2. The aim of the project is to collect information about MS that has a direct bearing on improving life outcomes for people with MS and their families.
3. I understand that the Australian MS Longitudinal Study is a long term project, extending over years, and will involve periodic completion of online or pencil-and-paper questionnaires relating to many aspects of MS and its impact on people and family life.

4. I understand that I may at any time withdraw from participation in the whole or any specific part of the Australian MS Longitudinal Study. I may do this without giving any reason and my withdrawal will not affect my present medical care or any services provided to me by the MS Society.
5. I agree that where appropriate and necessary for any clarification, my doctor or health professional may be contacted for confidential information about my medical record, referring only to my multiple sclerosis. I understand that this information will at all times be kept in confidence and will be used only for purposes of the Australian MS Longitudinal Study.
6. As a person with multiple sclerosis, I am aware that I may or may not benefit personally from participation in the Australian MS Longitudinal Study and waive the right to receive any royalties resulting from commercialisation of research findings.
7. I understand that grouped results only from this research will be made public, both on the website of MS Australia and in appropriate publications, and that my involvement and my identity will not be revealed.
8. Should I have any problems or queries about the way in which the Australian MS Longitudinal Study was conducted, and do not feel comfortable contacting either the research staff or the administration at MS Australia, I may contact the Tasmanian Health and Medical Human Research Ethics Officer on phone number 03 6226 7479 or email human.ethics@utas.edu.au

Optional

I also consent to inclusion of my name and medical details for confidential consideration by qualified persons for selection in future clinical trials of new treatments for MS, where appropriate ethical approval for such research has been obtained (please tick one):

Yes No

Signatures

After considering all these points, I accept the invitation to participate in the Australian MS Longitudinal Study.

Signature

Date

Female
Male

Witness Signature or Email Address

Witness Address