



Australian MS Longitudinal Study Consent Form

Consent Statement

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 Australian 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 waiver 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 Research 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 Research 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

Australian MS Longitudinal Study **Consent Form**

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Instructions	s: Save the completed form and email or post to t	he above address		
Particip	oant Details			
Enter the	details of the person volunteering for the Au	stralian Multiple Sclerosis Lo	ngitudinal Study.	
l,				
,	Name of participant with MS	Birth D	Birth Date (DD/MM/YY)	
of,				
	Number and S	Street Name		
	Suburb	State	Postcode	
	Female Ma	ale		
Optiona	ıl			
	nsent to inclusion of my name and medica		· · · · · · · · · · · · · · · · · · ·	
-	persons for selection in future clinical trials o		here appropriate	
etnicai app	proval for such research has been obtained (p	nease tick one):		
	Yes	No		
Signatu	res			
•	idering all the points overleaf, I accept the inv	vitation to participate in the v	Australian MS	
Longitudin				
	Participant Signature	Date		
	<u>OR</u>			
Proxy D				
Please con	nplete this section ONLY if you are filling in th	e form on behalf of the abov	e participant with MS	
l,	of,			
	Name of proxy	Number and Street Name		
	Suburb	State	Postcode	
Being the	e of	:		
	Relative, carer, nurse, etc.: if a relative please	Name of person w	Name of person with MS, as	
state relationship, e.g. wife, son etc.			for the participant above	
	Proxy Signature	Date		

Witness Signature

Name of Witness