

Name: .....

D.O.B: .....

PID: .....



# British Spine Registry Consent Form

*Helping to improve patient care through knowledge*

Please tick to confirm that you have been given / read the 'BSR patient information leaflet' ☐

Surname: .....

First Name: .....

Date of Birth: ..... / ..... / .....

Postcode: .....

Email address (if you are happy for us to send you email links to questionnaires):  
.....

Consultant Spinal surgeons: ☐ Mr J Dhir, ☐ Mr Grainger, ☐ Mr N Furtado, ☐ Mr T Land  
☐ Mr B Wimalachandra, ☐ Mr S Metcalfe, ☐ Mr V Petrik, ☐ Mr M Czyz, ☐ Mr A Leung,  
☐ Mr A Budu

## I CONSENT to:

- Personal details being recorded in the British Spine Registry.
- I understand information in the Registry will be used to look at the outcomes of treatment and may be used for research purposes and results will be published.
- I understand that data identifying me will not be released to anyone unless required by law or where there is a clear public need to do so.
- Your data may be accessed by other spinal medical professionals in the future who are involved in your medical care.
- I understand that I may ask for my details to be removed at anytime and may request access to my personal data.
- I understand that my health data may be linked to other national health databases.

Patient / Parent agreement to data collection for Registry and Research:

Signature: ..... Date: ..... / ..... / .....

To be completed by the person accepting patient consent

Name: ..... Position: .....

Signature: ..... Date: ..... / ..... / .....