

Hospital Sticker

Patient name:
DOB:
Hospital number:
NHS number:

Title of Project: The British Society for Urogynaecology Database

STATEMENT OF CONSENT FORM

1. I confirm that I have read the patient information sheet dated 27th December 2024 for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that the inclusion of my personal data is voluntary and that I am free to withdraw consent at any time without giving any reason, without my medical care or legal rights being affected. (However, any data processed up until this point may be anonymised and may still be processed for analytical and statistical purposes)
3. I understand that relevant sections of my medical notes and/or data collected during my treatment may be looked at by individuals from BSUG, the Regulatory Authorities or from the NHS Trust, where it is relevant to clinical audit and/or the Urogynaecology Database.
4. I understand that the de-identified information collected about me may be used to support research projects in the future, and may be shared anonymously with external researchers.
5. I agree to my information being included within The British Society for Urogynaecology Database.

Name of Patient:

Signature:

Date:

Name of Person Obtaining Consent:

For more information on how we process your personal data please visit: <https://bsug.org.uk/privacy>