Breast and Cosmetic Implant Registry

Participant Consent Form

To be completed only after reading the Participant Information Leaflet

Local Lead Clinician: _____

Participant NHS Number/Local Hospital Number: ☐☐☐☐☐☐☐☐☐☐

(TO BE COMPLETED BY CLINICIAN)

Please initial each box for point 1-3 to confirm you have been informed about the Breast and Cosmetic Implant Registry:

1. I confirm that I have read and understand the information leaflet about the Breast and Cosmetic Implant Registry. I have had the opportunity to consider the leaflet and to ask questions that have been answered. ☐

2. I understand that the information recorded will include my NHS number, family name, first name, postcode and date of birth which can identify me. I understand that this information will be shared securely with NHS Digital and included in the Breast and Cosmetic Implant Registry. ☐

3. I understand that reports from the Breast and Cosmetic Implant Registry will not include any information that will identify me. If for patient safety reasons, in the future, I need to be contacted; my personal details will be used from the registry. If I am a resident of England, NHS Digital will attempt to trace my up-to-date address, using records held on a central NHS database. These details will only be shared with the organisation that performed the surgery so that I may be contacted. If the organisation that performed the surgery no longer exists, then I will be contacted by NHS Digital. ☐

If you would like your information to be submitted to the registry, please initial the box against point 4 and sign the form below:

4. I agree to my personal and clinical details being recorded on the Breast and Cosmetic Implant Registry. ☐

5. I understand that by not initialing question 4, my information will not be included in the registry. This may make it more difficult or impossible to contact me in the event of a future product failure or recall. ☐

Name of participant	Signature	Date
Name/role of person recording consent	Signature	Date