

Study ID:	Initials:
Date of Birth:	Hospital Number:
Principal Investigator:	Version: 2.0

**Pathobiology of Early and Established Arthritis Cohorts**  
IRAS ID: 60271

As detailed in Patient Information Sheet Version V9.0 dated 16<sup>th</sup> April 2021, we are asking for your permission to perform an optional synovial biopsy of one of your joints. The purpose of collecting these tissue samples is to investigate changes within the joint in response to treatment.

**The procedure is optional and you do not have to agree to these.** It will not change your treatment or follow up within this study should you decline. If you agree to having an optional biopsy please initial and sign the consent form below.

## PATIENT CONSENT FORM

### OPTIONAL SYNOVIAL BIOPSY

Study Visit : 6 Month

Patient <b>initial</b> after each statement
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- 1. I agree to having an optional synovial biopsy performed as part of the study and as outlined in sections 5 of the patient information sheet [Version 9.0, 16<sup>th</sup> April 2021] I have had the opportunity to discuss the procedure with one of the study team and I am aware of the potential risks. ..... ..
- 2. I agree to all tissue samples being transferred and stored at the Experimental Medicine and Rheumatology tissue bio-bank (Registered as part of the Barts Health Human Tissue Resource Centre). ..... ..
- 3. I understand that my continued participation is voluntary and that I am free to withdraw at any time without my medical care or legal rights being affected. ..... ..

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Name of patient Date Signature

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Name of Person taking consent Date Signature

(1 copy for patient; 1 for the Medical notes; Original stored in Investigator Site File)