INFORMED CONSENT FOR MEDICAL USE OF MATERIAL FOR EDUCATIONAL PURPOSES OF SCIENTIFIC RESEARCH

Consent is required to include data from medical records in a database of patients with Bartter´s syndrome. This database was designed with the purpose of advancing in the knowledge that currently exists about this disease and for improving medical care offered to patients and/or their families. People with the same disease will participate in this project and their information will also be incorporated into the database.

Epidemiological, clinical and biochemical data will be picked up from your medical history, and then included in the statistics. Your doctor may update the information provided, as new data appear in the follow up period. The available information will be analyzed, allowing knowledge and understanding of the complexity of this disease and facilitating an earlier diagnosis, better treatment guidelines and a closer monitoring protocol, decreasing complications and improving the prognosis.

Your participation is anonymous and ensure the preservation of personal identity and confidentiality, according to current legislation in Spain (Royal Decree 1720/2007 of 21 December, approving the Regulation of Development Law 15/1999 of 13 December on the Protection of Personal Data and the Basic Law 41/2002 of November 14, Regulating Patient Autonomy and the Rights and Duties of information materials and clinical documentation).

If you want more information, please submit to the website.

I / We……

I / We have been informed / s I / we understand correctly the details of the research study in which I / my child will participate, the potential benefits and risks. I / We have been able to make the necessary clarifying questions.

I / We understand that participation is voluntary and i/we may withdraw from the study at any time, without having to justify my/our decision and without any impact on the medical care received.

Accordingly, I give my consent for the use of my medical history data in this study.

In ... ..., ..., 2.0 ... .

Patient's signature   In case of incapacity   Signature of physician / researcher

IDENTIFICATION: Legal Representative's signature   IDENTIFICATION:

                                   IDENTIFICATION: