

Centre Name:	
Participant Identification Number (PIN):	
Name of Principal Investigator:	
	THE APIPPRA

THE APIPPRA STUDY

	Arthritis Prevention In	the Pre-clinical Phase of R	heumatoid Arthritis w	ith Abatacept	
CC	NSENT FORM FOR AD	DITIONAL BLOOD SAMP	LE	Please Initial Boxes	
(in	the event of loss of sample)			
1.	previously taken samples an and biomarker research into	d and urine samples due to the understand that these samples the development of rheumatoid formation Sheet Version 2.2, date	s will be used for genetic arthritis (RA), as		
2.	I agree to the storage of these extra blood and urine samples in a Biobank, for further research studies into the development of RA and understand that these studies have been approved by a Research Ethics Committee.				
3.	I understand that biomarker analysis on the samples I provide will be undertaken by the APIPPRA study investigators and their designated collaborators (including industry partners) either within or outside the UK, and that this analysis will involve the use of anonymised medical information collected during the study.				
4.	I understand that I do not own or have any rights to the samples or information that comes from the sample analysis, and that I will not benefit financially if the research leads to the development of a new treatment or medical test.				
_	Name of Participant	Signature	Date		
_	Name of Person taking consent	Signature	Date		

Please place original signed consent form in the Investigator site file, and provide one copy for the medical notes, and a second copy for the participant



Guy's and St Thomas' NHS NHS Foundation Trust



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