



CLINICIAN CONSENT FORM

STUDY TITLE: South African Rheumatism and Arthritis Association (SARAA) Registry of patients on Biologic Disease modifying anti-rheumatic therapies (DMARDS) for rheumatic diseases.

PROTOCOL NUMBER: SABIO 001

SPONSOR: South African Rheumatology and Arthritis Association

I, the undersigned, Dr _____ (full names and surname),
Practice number _____ Telephone number _____
Fax no _____ Email address _____
Practicing at _____ (address)

hereby agree -

1. To enrol patients with rheumatic disease, who are agreeable and who have signed consent forms thereto, to the SARAA biologics register.
2. To timeously submit all medically relevant patient information to SARAA.
3. To provide SARAA with all data required by the Registry, which may go beyond the initial submission of data relating to safety and serious adverse events.
4. That the notification of adverse event to SARAA will not exempt the rheumatologist from the obligation of notifying the events to the usual drug monitoring authority and the company concerned.
5. That I understand that my information will be de-identified and that it may only be used for research purposes and/or studies and/or internal analysis of SARAA. All original forms containing data will be stored safely and securely and destroyed after a reasonable period of time, as set by SARAA from time to time. Only the administrator of the registry and data capturers will have access to raw data and are bound by strict confidentiality and non-disclosure agreements.
6. That my outcomes will not be disclosed to third parties, but that the information may be used to evaluate the achievement of health outcomes overall. The use of the data for practitioner profiling is strictly prohibited.
7. To comply with all requirements of the Registry, and to submit data in a format that is complete, honest and not misleading in any manner or way, and to respond to all reasonable requests by registry staff in connection with the completeness and accuracy of the data submitted.

Signature: _____ Date: _____

Please ensure that SARAA has a copy of this consent and keep the original in a safe place in the practice for future reference.