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**Informed Consent Form**

(Version 1.0, 24. AUG 2015)

**Participation in the disease registry for chronic urticaria**

**(Chronic Urticaria Registry - CURE)**

Herewith, I declare,

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pseudonym: \_\_\_\_\_\_\_\_\_\_ (may be added after inclusion in the registry)

that I was adequately and sufficiently informed about the aims, nature, risks and benefits of this registry study (CURE) and that I had the chance and enough time to clarify all my questions.

I have read and understand the patient information of this registry study (CURE) and I have received one copy of this patient information for my own records.

I know that I can withdraw my consent at any time without any negative consequences and without having to provide any reasons for this step. In addition, I know that I can disagree to a further processing of my data and that I can require a deletion of my data at any time.

I know that I have the right to be informed about the data that is saved about me in the registry databank at any time.

I declare that I agree to participate in the chronic urticaria registry (CURE).

**Declaration of consent regarding data capture and data processing:**

Herewith I agree that my data can be captured, recorded, pseudonymized on electronic data storage devices, and processed for this registry (CURE). Herewith, I also agree to a publication of registry results in a way that make it impossible to deduce my personal information from these results.

In addition, I agree that the aforementioned pseudonymized data can be transmitted to the sponsor of the trial, the urticaria network e.V. (UNEV), Charitéplatz 1, 10117 Berlin, Germany, for data analyses.

Furthermore, I agree that the aforementioned pseudonymized data can be transmitted to health authorities inside and outside the European Union.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of participating patient

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If applicable: signature of parents / guardian (legal representative)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If applicable: signature of parents / guardian (legal representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I herewith declare that the above participant was adequately and sufficiently informed about the aims, nature, risks and benefits of this registry study (CURE) and that he/she received a copy of the patient information and of this written informed consent.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of investigator / CURE entering physician

**Should you have any questions directed to the coordinating investigators of this study, please contact: PD Dr. med. Karsten Weller, Phone +49-30-450-518438, Email: karsten.weller@charite.de**