



Written informed consent of the patient for participation in an observational study

Number of the study:	LEK EKNZ 62/11, EK: 2012/080
Title of the study:	„SDNTT“- Swiss Dermatology Network for Targeted Therapies
Sponsor:	Schweizerische Gesellschaft für Dermatologie und Venerologie (SGDV)
Location of the study:	Kantonsspital Aarau, Dermatologie, Bahnhofplatz 3c, CH-5001 Aarau
Clinical investigator: Surname and first name:	Dr. med. Markus Streit
Patient	<input type="checkbox"/> male <input type="checkbox"/> female
Surname and first name:	
Date of birth:	

I have been informed orally and in written form by the undersigned doctor about the goals and the procedure of the study, possible advantages and disadvantages as well as risks and discomforts.

I have read and understood the patient information “SDNTT” - Benefits and safety of the systemic psoriasis long-term therapy. I have had enough time to reach an informed decision and I therefore agree to participation in the study under the following conditions:

- This observational study will not affect the diagnostics or therapy of my disease.
- The collection, dissemination, storage and evaluation of my disease-related data will be conducted in full compliance with the legal provisions on data protection.
- I agree that my name and my address will be forwarded to the study center CVderm (Kompetenzzentrum Versorgungsforschung in der Dermatologie) in Hamburg. The study center guarantees the protection of my personal and disease-related data: it will use password protection to store my name and address and will keep them separate from the questionnaire data. Staff members of the study center have agreed in writing that they will maintain strictest confidentiality; they are also bound to confidentiality by the law on data protection. In case of withdrawal of consent, my name will be deleted from the address registry of the study.
- I agree that my medical records, written by my dermatologist, can be accessed by the CVderm, by an authorized representative or the supervisory authorities.
- I agree that my disease-related data, which will be collected over the course of this long-term study, will be pseudomized* and then used by the CVderm and the European network of psoriasis registry (psonet) for scientific evaluation purposes.
- When the results of the study are published, the confidentiality of my personal data will be guaranteed.



- I can withdraw my consent to participation in this study at any time without any explanation. There will be no disadvantages for me because of this.

I have read and understood the content of this consent form and agree to the suggested course of action. A copy of this consent form will be for me.

* Pseudomization is the replacement of names and other identification details with a code so that the identification of the person is very difficult if not impossible.

Place, date	Signature of the patient
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Confirmation of the clinical investigator:

I hereby declare that I have fully explained the nature, significance and consequences of the study. I confirm that all the commitments made in connection with this study will be fulfilled. If at any time over the course of the study I should learn of any aspects which could influence the patient's willingness to participate in the study, I will immediately inform him/her.

Place, date	Signature of the doctor
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