



British Spine Registry Consent Form

Helping to improve patient care through knowledge

Please tick to confirm that you have been given / read the 'BSR patient information leaflet'

Surname: _____

First Name: _____

Date of Birth: ____/____/____

Postcode: _____

Email address (if you are happy for us to send you email links to questionnaires): _____

I CONSENT to my personal details being recorded within the BSR. I understand that the BSR will not release my personalised data unless required by law or where there is a clear overriding public interest in disclosure. However, where possible, I will be told if any disclosure is to take place.

Signature: _____ Date: ____/____/____

I DO NOT CONSENT to my personal details being recorded within the BSR.

Signature: _____ Date: ____/____/____

To be completed by the person accepting patient consent

Name: _____ Position: _____

Signature: _____ Date: ____/____/____