

**Myotubular and Centronuclear Myopathy Patient Registry**

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**Assent for children under the age of 18**

		Tick box
1.	I confirm that I have read/had read to me and that I understand the patient information above (dated March 2018, version 1.2) for the MTM and CNM Patient Registry. I have had the opportunity to consider the information, to ask questions, and I have had these answered in a way that I understand.	
2.	I give consent for my data to be stored in the MTM and CNM Registry, and for it to be shared (in anonymous form only identifiable by a code) so it may be used for research and for the planning of clinical trials.	
3.	I understand that allowing my data to be stored on the registry does not mean I will automatically be entered into future clinical trials.	
4.	I agree to be contacted occasionally to provide an update about any changes in my medical condition or about the management of my online account.	
5.	I give consent for the registry team to obtain access to relevant parts of my medical records which confirm my diagnosis, including genetic test results, muscle biopsy results, and related correspondence.	
6.	I understand that the results from future research may not have any direct benefit to me.	
7.	I understand that I may ask for my details to be removed from this registry at any time, without giving any reason, and without my medical care or legal rights being affected.	
8.	The nature of this registry has been fully explained to me. I have understood the patient information and I agree to participate in the registry.	
9.	I would like to receive information about relevant clinical trials, studies, or surveys to support research into my disease.	