

RHEUMATOLOGISTS CONSENT FORM :

I, the undersigned , DR.....(full name) and adult male / female from (address) Id No..... and Practice Code number hereby agree to submit all requested patient data to the South African Rheumatism and Arthritis Association Registers, as administered by the South African Rheumatism and Arthritis Association . I further understand that this information will be depersonalised and that it may only be used for health research purposes and/or studies.

I further declare that I have obtained the relevant authorisation from the patient of which the information will be submitted to the South African Rheumatism and Arthritis Association Registers, as administered by the South African Rheumatism and Arthritis Association.

I further understand that my outcomes will not be disclosed to third parties, but I will be able to benchmark my own results against those of the South African Rheumatism and Arthritis Association Register as a whole.

I further understand that such permission to disclose such information is only relevant for research purposes with a view to improve the practice of Rheumatology to the benefit of patient outcomes

Thus signed aton thisday of2008.

.....
Doctor

.....
Witness