

Biomarkers and Stratification To Optimise outcomes in Psoriasis**FOLLOW UP CRF**BSTOP ID: **B** **S** **T**

For patients who participated in PSORT-D

For protocol version 7
and consent version 6BADBIR ID: Initials: **PATIENT RE-CONSENT**

If the patient was consented to BSTOP on consent form version 5.1 or earlier, please discuss and invite the patient to re-consent to BSTOP using the current version and include their answers below. Their continued participation in BSTOP is not affected by their choice to re-consent

Patient has decided not to re-consent > Date of re-consent to B-STOP: > Does the patient consent to data and samples being stored for future use? (Question 9) YES NO

Not eligible for recruitment if NO

OPTIONAL PATIENT CONSENT ANSWERS> Does the patient consent to additional sample types/photography? (Question 11) YES NO Skin biopsies Skin swabs Skin tape strips Medical photography > Does the patient consent to NHS data linkage? (Question 12) YES NO

The patient NHS number and Post Code should be added directly onto CAPTURE. Only provide this information on the CRF if you are sending it to the central study team and only via secure means (e.g. an nhs.net email)

NHS No Post Code > Does the patient consent to being recalled? (Question 13) YES NO

Patient contact information should be added directly onto CAPTURE. Only provide this information on the CRF if you are sending it to the central study team and only via secure means (e.g. an nhs.net email)

Patient contact email address _____

Patient contact phone number _____

> Does the patient consent to their photographs being stored and used for future research? (Question 14) YES NO

Biomarkers and Stratification To Optimise outcomes in Psoriasis**FOLLOW UP CRF**BSTOP ID: **B** **S** **T**

For patients who participated in PSORT-D

For protocol version 7
and consent version 6BADBIR ID: Initials: **DISEASE SEVERITY - Please indicate the current disease severity**PASI . DLQI Date of disease severity assessment: *d* *d* *m* *m* *y* *y***Psoriasis Global Assessment**Severe Moderate to Severe Moderate Mild Almost Clear Clear **BSA - For patients with Pustular Psoriasis only**BSA Date of BSA assessment: *d* *d* *m* *m* *y* *y***SAMPLE COLLECTION**

Please tick boxes to confirm collection

> **FOR ALL PATIENTS - SERUM SAMPLE** 2 x 5ml YELLOW TOP SST tube 1 2

- Ideally collect at trough (before dosing)
- Spin in centrifuge at 1000g for 15 minutes, pipette into micro-tube
- Freeze within 4 hours. Refer to the **SOP for BSTOP Partner Sites** document for full guidance

Please confirm the date the samples were taken

 d *d* *m* *m* *y* *y*

Clinician's Name _____

Clinician's Signature _____

Date

 d *d* *m* *m* *y* *y*