**Consent Declaration**

Project title:

Please initial all statements you agree with.

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| I have read and understood the participant information for this project. I had opportunity to consider the information and ask questions. My questions were answered satisfactorily. | ⬜ |
| I understand that my participation is voluntary and that I can withdraw my consent at any time without giving a reason. | ⬜ |
| I understand that withdrawing my consent will not have any consequences for my medical treatment and/or my legal rights. | ⬜ |
| I have been informed about where I can complain if I am unhappy with the treatment I have received during the study. | ⬜ |
| (if applicable) I give the researcher(s) permission to process my data, including health data, for the purpose of this study. | ⬜ |
| (if applicable) I give the researcher (s) permission to share my data, including health data, with third parties (e.g. project partners) if this is necessary for this study. | ⬜ |
| (if applicable) I give permission for my personal information (name, address, date of birth, contact details, this declaration) to be shared with [LBI, university…] in for administrative purposes related to this study. | ⬜ |
| I understand that data collected about me in this study will be anonymized. | ⬜ |
| (if applicable) I agree that my identifiable/anonymized [*delete as relevant*] data and/or tissue samples may be used in future ethically approved studies. | ⬜ |
| (if applicable) I consent to audio and/or video recordings of me to be made for the purpose of this study. | ⬜ |
| (if applicable) I consent to audio and/or video recordings of me to be transcribed by [xyz] for the purpose of this study. | ⬜ |
| I agree to take part in this study | ⬜ |

Name of participant Date Signature