*>University / school / institute<*

*>University logo<*

*>Name of project leader<*

Contact for any queries:

*>Name of contact, e.g. project team member <*

Phone: *>Contact’s phone number<*

**Consent Form**

***>University / school / institute<***

**Title of the study: *>Title<***

I (name of participant in block capitals)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have been informed >*verbally / in writing*< about the study and the procedure. I consent to >*outline what the signatory has agreed to*<. Any questions I had about this study were answered fully and to my satisfaction by Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Note:*** *Use either the “Code list” or the “Personal code word” option below.*

***The “code list”******option***

*I consent to the collection and processing of my data as described below >define here exactly which data will be collected and processed and, in the case of health-related data, name them specifically<. This data will be recorded and analysed at >institute details< under a pseudonym, i.e. using a number without mentioning my name. There is a printout of a code list that can be used to link my name to this number. This code list is only available to the project team member and the project leader, which means that only they can link the data collected to my name. Once the >data has been collected/analysed<, at the latest after >n< years, the code list will be destroyed. My data will then be anonymised. It will then no longer be possible for anyone to link the data collected to my name. I am aware that I can revoke my consent to the storage and retention of this data without any resulting detriment. I can request the deletion of all my data at any time. However, if the code list has already been deleted, my data set can no longer be identified and can therefore can no longer be deleted. My data will then be anonymised.*

*I consent to the further use of my fully anonymised data for research purposes. >To this end, my data will be retained for a maximum of n years after data analysis or a maximum of n years after publication of a paper on this study. / To this end, the data will be made publicly accessible via an internet database > if already known, name of online repository <.<*

|  |  |
| --- | --- |
| **** | *If any abnormalities requiring treatment are detected > during the tests <, I consent to being told so that further tests can be carried out if necessary. It has been explained to me that any information about abnormal findings may under certain circumstances have insurance implications.* |
| **** | *If any abnormalities requiring treatment are detected > during the tests <, I do not want to be told.* |

***The “personal code word” option***

*I consent to the collection and processing of my data as described below >define here exactly which data will be collected and processed and, in the case of health-related data, name them specifically<. This data will be recorded and analysed at >institute details< in an anonymous form using a personal code word that I have created and that only I know. This means that no one but me can link my data to my name. The sheet I used to create this code word is in my possession. I can revoke my consent to the storage and retention of my data without any resulting detriment. I can request the deletion of all my data at any time.*

*I consent to the further use of my fully anonymised data for research purposes. >To this end, my data will be retained for a maximum of n years after data analysis or a maximum of n years after publication of a paper on this study. / To this end, the data will be made publicly accessible via an internet database > if already known, name of online repository <.<*

*I understand that my name and >state contact details used, such as address, email address and/or phone number,< are stated only in this Consent Form.*

|  |  |
| --- | --- |
| **** | *If any abnormalities requiring treatment are detected > during the tests <, I consent to being told so that further tests can be carried out if necessary.* *It has been explained to me that any information about abnormal findings may under certain circumstances have insurance implications.* |
| **** | *If any abnormalities requiring treatment are detected > during the tests <, I do not want to be told.* |

*Since all data will be completely anonymised, I have been informed of the following procedure: In the event of any abnormalities requiring treatment, all relevant study participants will be contacted and asked to state whether the personal code word in question applies to them. I understand that if it is my own code word, I can contact the address provided for further information. If it is not my code word or if I do not wish to receive any information, I can ignore the letter.*

I have had sufficient time to make a decision and am willing to participate in the above study. I am aware that participation in the study is voluntary and that I am free to withdraw from the study at any time, without giving a reason. I am aware that in this case, I will still be entitled to *>remuneration / test person hours<* for the hours I participated in the study.

I have received a copy of the Participant Information Sheet about the study and a copy of the Consent Form.

Place, date & signature of participant: Name of participant in block capitals:

 

Place, date & signature of project leader / Name of project leader / project staff   
project staff member in block capitals

 

***Note:***If the “Coding list” option was selected, you can optionally request consent to the longer-term storage of the pseudonymised data, as substantiated in the application.

***Additional agreement for establishing contact in the future in the context of this study***

*I consent to the coding list being kept for a period of five years in the event of a continuation of this study or follow-up studies, and to being contacted for follow-up studies. I can revoke my consent to the storage and retention of this data without any resulting detriment. I can request the deletion of all my data at any time. However, if the code list has already been deleted, my data set can no longer be identified and deleted.*

* YES  NO*

***Note***: It is desirable to give general feedback on the results. This can easily be done with the “coding list” option. The “personal code word” option allows a separate list of participants’ contact details to be kept until feedback is given.

***Feedback of results***

*I am interested in the general results of the study and would be grateful if you could send me the relevant information.*

* YES  NO*

***The “personal code word” option***

*A list of >email addresses, etc.< of interested participants will be kept separate from the data collected in order to provide feedback on the results. These contact details will be deleted after giving feedback on the general results, at the latest on >date<.*

Place, date & signature of participant: Name of participant in block capitals:

 

If I have any questions or concerns, I can contact the following people:

|  |
| --- |
| Contact  *>Name <*  *>Role, e.g. project leader, project team member<*  *>Address<*  *>Phone number<*  *>Email address<* |