



Patient data and biomaterials

Consent to use for medical research and teaching

Last Name: _____ First Name: _____ Date of Birth: _____

This includes

- the processing and use of my patient data and my biological materials for medical research as well as for teaching and training purposes, exclusively in pseudonymized form, even after my death. My biological materials will be stored at the Martini-Klinik or the Pathology Institute of the UKE (as described in the information sheet).
- The scientific analysis of my pseudonymized patient data and biomaterials, as well as their disclosure and use by third parties (e.g., universities, institutes, and research-based companies) for specifically defined and requested medical research purposes. This may also include disclosure for research projects abroad, but only to certain countries if I expressly consent to it. Prior to any transfer to research teams outside my treating facility, the data and biomaterials will undergo further pseudonymization.

I also consent to the possibility of combining pseudonymized results from my biomaterial examinations with analysis data in the databases of other research teams, provided that this is legally permissible.

My consent to participate is voluntary and will not affect my further diagnosis or treatment. I may withdraw my participation at any time without having to provide a reason.

1. I transfer ownership of my **pseudonymized** biomaterials to the Martini-Klinik or the Pathology Institute of the UKE. I will not share in any commercial benefits resulting from the research. I consent to the collection, storage, and scientific use of my biomaterials (tissues, bodily fluids, and patient data).

☐ Yes ☐ No

2. My consent also covers the transfer of my **pseudonymized** patient data and biomaterials to countries for which the European Commission has not determined an adequate level of data protection. I have been informed of the potential risks associated with such a transfer (see section 1.3 on page 8 of the brochure).

☐ Yes ☐ No

3. I agree that the photo and video documentation created during the course of my treatment may be used for the physician's report, for medical training purposes, and for other purposes described on page 4. The photo and video documentation will be used without any personally identifiable details and without the person being recognizable.

☐ Yes ☐ No

Date: _____ Signature: _____

Signature of the representative of the Martini-Klinik: _____

Detailed information regarding the patient questionnaire, the storage and use of image and video recordings, blood and urine samples (biomaterial bank), tissue samples, the use of patient data and biomaterials for medical research and teaching purposes, as well as your right to withdraw consent, can be found at this link: www.martini-klinik.de/wfh