



Consent

to the use of patient data and biomaterials for medical research and teaching purposes

This covers

- The processing and use of my patient data and biomaterials for medical research and 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 Pathological Institute of the UKE (as described in the information sheet).
- The scientific analysis of my **pseudonymized** patient data and biological materials, as well as their transfer and use by third parties (e.g., universities/institutes/research companies) for more specific and requested medical research purposes. This may also include transfer for research projects abroad, but only to certain countries if I expressly agree to this. Before the data and biomaterials are transferred to research teams outside my treating institution, they will be further pseudonymized.

I also consent to the possibility of combining pseudonymized results from my biomaterial examinations with analysis data in databases of other research teams. This is subject to the condition that it is legally permissible.

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

1. I transfer ownership of my pseudonymized biomaterials to the Martini-Klinik or the Pathological Institute of the UKE. I will not participate in any commercial use of the research. I consent to the collection, storage, and scientific use of my biomaterials (tissue, body fluids, and patient data).
Yes ☐ No ☐
2. My consent also includes the transfer of my pseudonymized patient data and biomaterials to countries that have not been determined by the European Commission to have an adequate level of data protection.
I have been informed about the possible risks of such a transfer (see point 1.3 on page 8 of this brochure).
Yes ☐ No ☐
3. I agree that the photo and video documentation created during the course of my treatment may be used for the doctor's report, for medical training purposes and for other purposes described on page 4. The photo/video documentation will be used without personal details and without the person being recognizable.
Yes ☐ No ☒

Patient's first name and surname (block letters)

Date of birth (TT/MM/YY)

Patient's signature

First name and surname of member of the treatment team

Signature of member of the treatment team

Place, Date



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First name and surname of member of the treatment team

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Place, Date

For the right of withdrawal, see the back of this consent.

Right of withdrawal

My consent is voluntary!

I can withdraw my consent, in full or in part, at any time without giving reasons, and without suffering any negative consequences as a result, by contacting the data custodian Anke Renter.

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If consent is withdrawn, the biological materials remaining for the research and the data that is stored on the basis of this consent will be destroyed/deleted or anonymized where this is permitted by law. Data from analyses that have already been carried out can no longer be removed (item 4 in the patient information section).

I have been informed about the use of my patient data and biological materials and the associated risks, and give my consent in the above-mentioned context. I have had sufficient time to consider my decision and all my questions have been answered satisfactorily.

for the clinic