



INFORMED CONSENT

Name of examined individual:

Insurance number:

A. Physician's statement

I have fully explained, in a clear and comprehensive manner, the purpose, nature, expected benefits, consequences, and potential risks involved with inclusion in the ScreenPro FH project, as well as the proposed laboratory examinations, to the examined individual (or their legal representative). I have likewise acquainted the examined individual with potential results that could either render examination for the intended purpose impossible, or not provide sufficient explanatory power to fulfil the pursued objective. I have also informed the examined individual of the potential risks and consequences that could result from rejecting such an examination. Laboratory results shall remain confidential and will not be shared with any third parties without the consent of the examined individual (or their legal representative), unless valid legal regulations dictate otherwise.

Physician:

Date: Signature and stamp:

B. Examined individual's statement

I have been comprehensively informed about the ScreenPro FH project and the purpose of the proposed examinations. I have received patient information materials in written form. Everything was explained to me in a clear and comprehensive manner. I was provided with sufficient time to properly and calmly consider all possibilities. I was given the opportunity to ask my physician all of the questions I considered to be essential and discuss everything I did not understand. My physician provided clear and comprehensive answers to all of my questions.

I hereby consent / I hereby do not consent to the respective sample collection and execution of the proposed laboratory examinations, and I have based this decision on the abovementioned instructions.

I wish / I do not wish to be informed of my laboratory examination results.

I request that my laboratory examination results be shared with the following individual(s):

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I consent / I do not consent to my inclusion in the ScreenPro FH project patient registry.

I consent / I do not consent to ScreenPro FH staff offering the same examination opportunity to the relatives I have specifically named below:

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I consent / I do not consent to the preservation of my DNA for the purpose of further examination depending on research progress and in the interest of other family members. I am aware that, in the case of non-consent, it will not be possible to verify or supplement the results of some subsequent examinations, and it will be necessary to undergo additional sample collections.

I consent / I do not consent to the use of genetic laboratory results and relevant information about my health status, including photo documentation, for scientific research purposes, with the condition that such data will only be presented and published in an anonymous format.

In case of failure to clearly indicate whether "I consent" or "I do not consent" has been selected, it will be presumed that consent has been given.

I am aware that I can withdraw my consent at any time.

In: Date:

Signature of examined individual:

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Legal representative (if applicable) name and personal identification number:

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