

II Informed consent

Participant

I declare that I have been informed of the nature of the study, its purpose, its duration, the possible side effects and what is expected of me. I have taken note of the information document and the appendices to this document.

I have had sufficient time to think about it and discuss it with a person of my choice (GP, relative).

I have had the opportunity to ask any questions that came to mind and have obtained a favourable response to my questions.

I understand that data about me will be collected throughout my participation in this study and that the investigator and the sponsor of the study will guarantee the confidentiality of these data.

I agree to my personal data being processed as described in the section dealing with confidentiality guarantees (page x/y). I also consent to these data being transferred to and processed in countries other than Belgium.

I agree to the research data collected for the purposes of this study being processed at a later date provided this processing is limited to the context of the present study (better understanding of the disease and its treatment).

I agree to my GP or other specialists in charge of my health being contacted if required to obtain additional information about my health.

I have received a copy of the information to the participant and the informed consent form.

Surname, first name, date and signature of the volunteer

Witness/Interpreter

I was present during the entire process of informing the patient and I confirm that the information on the objectives and procedures of the study was adequately provided, that the participant (or his/her legal representative) apparently understood the study and that consent to participate in the study was freely given.

Surname, first name and qualification of the witness/interpreter:

Date and signature of the witness/interpreter.

Collaborating GP

I, the undersigned, _____ GP, confirm that I have verbally provided the necessary information about the study and have given the participant a copy of the information document.

I confirm that no pressure was applied to persuade the patient to agree to take part in the study and that I am willing to answer any additional questions if required.

I confirm that I operate in accordance with the ethical principles set out in the latest version of the "Helsinki Declaration", the "Good Clinical Practices" and the Belgian Law of 7 May 2004 related to experiments on humans.

*Surname, first name, date and signature
of the investigator's representative*

*Surname, first name, date and signature
of the investigator*
