

**CAPS Registry**

**Example informed consent form**

**NOTE:** *The CAPS registry is an international multicenter observational registry. It is designed to record the outcomes of different clinical programs and research protocols, designed and executed by each participating center individually. As such, study participants give informed consent for a local study program of which the outcomes are registered in the CAPS registry.*

*This document contains a standardized example informed consent form which is meant to offer assistance to participating centers in setting up of their own study program. It is not obligatory to use this form. This example informed consent form does not take into account the national regulatory laws and guidelines for each participating country.*

**Informed consent form**

<PROTOCOL TITLE>

<VERSION AND DATE OF VERSION>

I have read the participants information. I have been able to ask additional questions. I have been given satisfactory answers. I have had enough time to decide to participate.

I know that participation is fully voluntarily. I know that I can decide at any moment to withdraw without consequences of any kind. I do not have to specify a reason for withdrawing. I may also refuse to answer answer any individual question without consequences.

I consent to inform my general practicioner / treating physician(s) / treating specialist(s) about my participation in this research program.

I know that some people have access to my information.

I consent to use my information and body material for the aims outlined in the participants information.

I consent to save my information in an anonymized international online database.

I consent/do not consent to store my information up until a maximum of 15 years after the end of this research program.

I consent/do not consent to store my body material up until a maximum of 15 years after the end of this research program, so that it may be used for future research.

I consent/do not consent to contact me for other future research programs.

I freely consent to participate in this research program.

**Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

I declare that I have informed this participant completely regarding the specified research program.  
  
If new information becomes available during the research program that could influence the consent of the participant, then I will inform the participant.

**Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of researcher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**