

**Official title:** DanCap - Camera Capsule Endoscopy in the Routine Diagnostic Pathway for Colorectal Diseases

**Identifier:** NCT06475560

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# Informed Consent for Participation in a Health Science Research Project

Title of the Research Project:

**"DanCap": Camera Capsule Endoscopy in the Routine Diagnostic Pathway for Colorectal Diseases"**

## Declaration by the Participant:

I have received written and oral information about the project, and I know enough about the project's purpose, method, benefits, and drawbacks to say "yes" to participating in the project.

I understand that participation is voluntary, and that I can withdraw my consent at any time without losing my current or future rights to treatment.

I consent to participate in the research project, and I have received a copy of this consent form as well as a copy of the written information about the project for my own use.

I consent to the possibility that, by participating in the study, extended treatment time may occur.

**Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*If new, significant health information about you emerges during the research project, you will be informed. If you do not wish to be informed about new significant health information that may arise in the research project, please indicate here: \_\_\_\_\_ (tick x)*

Do you wish to be informed about the results of the research project and any possible consequences for you?

Yes \_\_\_\_\_ (tick x)      No \_\_\_\_\_ (tick x)

## Declaration by the Person Providing the Information:

I declare that the participant has received oral and written information about the study.

In my opinion, sufficient information has been provided to allow a decision on participation in the study.

**Name of the Person Providing the Information:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_