Informed Consent Form

Version No. 0.2_en, 21.05.2024

Title of the Study: ColoReg: A Register for Findings and Videos of Endoscopies in Gastroenterology

Name of the patient in block letters: .....

- I have been informed by _____ about the nature, significance, and scope of the study as well as the requirements that arise for me from it. I have also read the text of the patient information and this consent form.
- I had sufficient time to ask questions and make a decision. Any questions that arose were answered by the study doctor.
- I know that I can end my voluntary participation at any time without any disadvantages arising for me.
- I consent to participate in the study.
- I consent to the collection of personal data about me, particularly video material and findings from the examination, as described in the information sheet, and to the recording and temporary processing of this data in paper form and on electronic media at the treating center, in this case at the University Hospital Würzburg.
- The collected data may be shared and published in anonymized form as described in the patient information.
- I also consent to the study initiator, who is bound to confidentiality, reviewing the collected study data in individual cases, as far as necessary to verify anonymization.
- I have been informed that my data will be published in anonymized form for teaching and research purposes. I have been informed that I cannot participate in this study without consenting to the publication of my data in anonymized form.
- I have been informed that I can revoke my consent at any time. In the event of revocation, no further data will be collected. After inclusion in the study, your data will be available in pseudonymized form for at least 3 months, and up to 12 months if follow-up is planned. If such data is available at the time of revocation, it will be deleted immediately. I had additional questions:

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- I had the opportunity to ask questions and received answers.
- I had sufficient time to decide to participate in the project.
- I have received a copy of the patient information and consent form.
- I consent to participate in the research project and the associated processing of the mentioned data.

- I have received a copy of the information sheet and consent form. One copy remains at the study center.

Signature of the participant

_____

(Name and first name in block letters)

_____

(Date) (Signature)

Declaration and signature of the informing doctor:

I conducted the information session and obtained the consent.

_____

(Name and first name in block letters)

_____

(Date) (Signature)