

Study number: _____ Hospital: _____

CONSENT FORM

National cohort study of patients with a small neuroendocrine tumor of the pancreas and their quality of life (PANDORA-2)

I have read the attached patient information folder, I have discussed this study with a doctor and I have had the opportunity to ask questions. I have understood the aim of the study.

I understand that my participation is voluntary. I know that I can withdraw from the study at any given moment, without giving a reason, and I know how to. If I withdraw, it will have no effect on how I am treated by my physician.

I give permission for the collection, storage, and use of my medical data for the purpose of medical research, focusing on neuroendocrine tumors. I give permission to save my coded data for 15 years.

I give permission to be approached for quality of life questionnaires: yes no

I give permission for the storage and use of my coded data (without personal data such as name, date of birth), in a national database of neuroendocrine tumors of the pancreas: yes no

I give permission to be approached, in the future, for possible follow-up studies and that my coded data will be used for these studies: yes no

Name:Signature:

Date (dd,mm,yyyy):

I hereby declare that I have adequately informed this subject about the above mentioned study. If during the course of this study information is gathered, which could change the willingness of study participation by the subject, I will inform them in a timely matter.

Name of the researcher (or their representative)

Name of the hospital:

Signature: