**Research title**

***Explanation for the investigator on how to use this information letter (remove before use)***

* *What is between [...] explains what should be in the form or what should be filled in this place.*
* *Plain text (not in square brackets) is text that should be copied directly into the letter.*

Responsible researcher name:

 email:

 telephone number:

Executive Investigator name:

 email:

 telephone number:

Dear participant,

Please read this form carefully. If you agree with all the statements, please sign the form below.

**To be read and completed by the participant**

I know that:

* my participation is voluntary and I am free to withdraw at any time, without providing a reason for doing so;
* my data will be treated confidentially, and the results of the research will only be published anonymously;
* my data will be retained for up to 10 years after the last publication about this study;
* my data can be viewed by other researchers from other institutions to check whether the research has been conducted according to the rules;
* my personal data will be processed. For more information, see the information letter and attached privacy statement.
* [If applicable] Photographic or video material (original or edited) will be used for analysis.
* [If applicable] Students under the supervision of the Vrije Universiteit Amsterdam may participate in this research and access my personal data. They are always contractually bound by confidentiality;
* [If applicable] By participating in the study, I give the researchers consent to contact my general practitioner or physician if results of clinical importance are identified. The contact information for my GP are <……………………………………>

**Permission**

I have read the information letter. I was given an opportunity to ask questions. My questions have been answered satisfactorily. I had enough time to decide whether I would participate.

I want to participate in this study. I consent to the researchers collecting and using my data. The researchers are only doing this to answer the research question of this study.

☐ Yes

☐ No

[If applicable] I give permission for photo or video material of me (original or edited), to be used for educational purposes or scientific presentations.

☐ Yes

☐ No

[f the researcher also wants to ask whether the data may be used for follow-up research and/or other studies after the study has ended, or shared in the context of Open Science, the following options, which must be checked separately, can be included in the Informed Consent. Make it clear that participation in the study is also possible if one does NOT give permission for follow-up research or data sharing.]

[If applicable] I give permission to be contacted for follow-up research.

☐ Yes

☐ No

[If applicable] I give permission for my pseudonymized data (without my name and e-mail address) for similar research together with or by other research institutions.

☐ Yes

☐ No

Name participant:

Signature: Date : \_\_ / \_\_ / \_\_

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*The participant will receive a complete information letter, together with a copy or duplicate of the signed consent form.*