

**Krebsprädispositionssyndrom-  
Register 01**

Registerleitung:

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**Informed Consent for patients 12-17 years of age**  
**Cancer-Predisposition-Syndrome-Registry-01**

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Surname, first name of the patient

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Date of birth

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Treating hospital

I agree that information about my illness as well as blood and possibly tumor samples, as described in the information form, may be passed on to the CPS-Registry 01 so that research can be conducted on my illness. The aim of the research is to learn more about the disease in the long term. With the knowledge gained in this way, it should be possible to treat those affected better in the future.

The study was explained to me personally and I read the information form. I had the opportunity to ask questions. I know that my participation is voluntary and that I can withdraw my consent at any time without giving reasons and without any disadvantages. I understand that I will be contacted again as soon as I am 18 years old so that I can then decide whether I want to continue participating in the study.

**CONFIRMATION OF THE PARTICIPANT**

\_\_\_\_\_  
Surname, first name of the patient

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the patient

**CONFIRMATION OF THE ATTENDING PHYSICIAN**

I have discussed the CPS-Registry-01 and the accompanying research including the patient information and the declaration of consent with the patient. All questions were answered comprehensively. I explained to the participant that participation is voluntary. I have obtained the patient's consent.

\_\_\_\_\_  
Name of physician

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of physician