

Consent for participation in biomedical research

Research title: Examination of tissue markers for the early detection and differential diagnosis of colorectal cancer ID RD001431

Sponsor: Roche Diagnostics GmbH (Germany)

Institution: Semmelweis University 2nd Department of Internal Medicine

Principal investigator: Dr. Béla Molnár, DSc, senior scientist

Responsible physician: Dr. Ferenc Sipos Ph.D., clinical specialist

I have received and read (or have been read to me) the printed copy of four-page document of the study entitled "Tissue analysis of markers for the early detection and differential diagnosis of colorectal cancer" and printed one-page copy of this consent. I have understood the information and I have got answers to all my questions.

I have given my consent for my participation in the above research study voluntarily, without persuasion, after detailed patient information, knowing that it can be withdrawn at any time, oral or written, without explanation.

I agree with my participation in the study:

Name of the participant: _____

Signature: _____

Mother's name: _____

Date and place of birth: _____

Social security number: _____

Address: _____

Data of the legal guardian (in case of person with limited capacity or incapable individuals)

Name: _____

Signature: _____

Mother's name: _____

Date and place of birth: _____

Social security Number: _____

Address: _____

Date: _____

The participants was informed about the research by: _____

Witness:

Name: _____

Address: _____

Identification card number: _____

Consent

for participation in research project entitled "Examination of the epigenetic and gene expression effects of aging in gastrointestinal diseases"

1. I, the undersigned as the personal representative of the child, agree that my child, participate in the research project involved in studying of the regenerative capacity, in identification of signs of colorectal cancer and inflammatory bowel diseases and in the assessment of new laboratory tests required for better diagnosis and prognosis of these diseases.
2. I certify that the project staff has provided detailed and understandable information about the method, purpose and possible impacts of the project, and I have given my consent voluntarily that my child participates in the study.
3. I am aware that even though the project will improve the knowledge about the early detection and mechanisms of malignant and inflammatory colorectal diseases, my child does not benefit from this study. I have been assured that investigations will be carried out only for purposes of the study. The study can lead to development of new laboratory tests. The samples will not be sold.
4. I have assured that personal data and medical history of my child will be kept confidentially. Names of participants will not be represented in the study reports. Names based on patient codes can be identified by only the project leader. I agree that data of my child are stored in digital form and statistically analyzed. For quality assurance, I agree that in case of monitoring an authorized person with patient confidentiality gets an insight into the personal data of my child. Provisions of Privacy Act have to be applied.
5. I am aware that I have the opportunity to withdraw from participation in the project at any time, without any prejudices in the further treatment of my child.
6. As it is a basic science study without any influence on treatment of my child, so I will not be informed about the results of the research.
7. I have received a copy of the information sheet and the consent I received, read and understood.

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| Place | Date |
| Signature of the child's personal representative (parent) | Signature of the responsible physician |