

**INFORMED CONSENT FORM
 FOR CONTROL PARTICIPANTS**

**(individual with legal capacity above the age of 18 yrs)
 V1**

Title of study: Lifespan (**LIFES**tyle, **P**revention and Risk of **A**cute **PaN**creatitis) Principal investigator:
 Dr. Peter Hegyi academic teacher

I, the underlined hereby agree to participate in the above research study.

NAME:
 Address:
 Mother's name:.....
 Place and date of birth:
 National Insurance Number:.....
 Patient identification number:.....
 Contact:.....

I have read and understood the information sheet, I have had the opportunity to ask questions, for which I recieved fully satisfactory answers.

1. I state that I take part in the research study of my free will, I may withdraw my consent any time in writing or verbally, and it shall not alter either my treatment or my rights.
2. I note and give my consent to that individuals participating in the research study shall have access to part of my medical records.
3. I give my consent to the use and storage of my data collected within Lifespan study for future scientific analysis and publication in scientific journals anonymously.
4. I note that I will not recieve financial assistance for participating in Lifespan study.
5. I note that under appropriate supervision regulated by public authority, scientific results may be forwarded to other domestic and foreign researchers and used for predefined research purposes.
6. I agree on individuals participating in the study contacting me via the contact information I have given in order to get further necessary information.

Researcher/doctor providing information:.....
 Institution:.....
 Status/Occupation:.....

Date (signed).....
 Signature of doctor/researcher providing information

Date (signed)
 Signature of participant/legal representative