STATEMENT OF CONSENT

DATA PROTECTION

(person over 18 years of age)

Identification Data of the Study

Title of Research: **"Effect of early fatty acid elimination on the course of hypertriglyceridemia-induced acute pancreatitis (ELEFANT)"** (randomized, controlled clinical trial)

Chief Investigator: **Prof. Dr. Péter Hegyi** Supervisor, University of Pécs, Medical School, Institute for Translational Medicine, 12 Szigeti Street, Pécs, H-7624.

Anticipated Duration of Research: **5 years from the issuance of the ethical approval (31.01.2025)**

Number of Participants to Be Included: **approx. 495 people.**

The approval required to start the research has been obtained from the Hungarian **National Center for Public Health and Health Sciences (NNGYK)** issued with the following registration number: **2460-4/2020/EÜIG.**

Institution: .....

Information provider

Name: .....

Post: ..... **Position:**.....

Participant

Name: ..... **Time and place of birth:** .....

Social security number: ..... **E-mail:** .....

Telephone number: ..... **Address:** .....

1. I have read and understood the information sheet, and I had the opportunity to ask questions to which I received satisfactory answers.

2. I declare that I participate in the study of my own free will, that I can withdraw freely at any time, either verbally or in writing, and that this will not affect my treatment or my rights.

3. I understand that part of my medical records will be accessed by the persons participating in the study, and I consent to this.

4. I accept that during the data collection for the study, the data obtained about me, my results, my name and personal data will be stored and used for the purpose of scientific analysis and publication in professional journals.

5. I understand that I will not receive financial compensation for participating in the study.

6. I acknowledge that, subject to appropriate, officially regulated control, my test results and data may be forwarded to other domestic and foreign researchers, who may use them for predetermined research purposes.

7. I agree that in the future, participants in the research may contact me at the contact details provided in order to obtain additional information necessary for the study.

Date: .....

....

Information Provider Doctor's Signature **Participant's Signature**