

**INFORMED CONSENT FORM  
FOR CONTROL PARTICIPANTS**

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

**Title of study:** LIFESPAN (Lifestyle, prevention and risk of acute pancreatitis) multicenter, prospective observational clinical study

Name, occupation and status of the ethical permission applicant: Prof. Dr. Peter Hegyi

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