

STATEMENT OF CONSENT

SAMPLING

(person over 18 years of age)

Identification Data of the Study

Title of Research: **“Recurrent Acute Pancreatitis Prevention by the Elimination of Alcohol and Cigarette Smoking (REAPPEAR)”**

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 approval (04.10.2025)**

Number of Participants to Be Included: **approx. 364 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: **40394-10/2020/EÜIG.**

Institution:

Information provider

Name:

Post: **Position:**

Participant

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

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

Telephone number: **Address:**

I have read and understood the attached information sheet about sampling, so I agree to the following:

1. the employees of the above-mentioned institution shall take biological samples from me in the quantity and quality specified in advance in the information sheet,
2. my genetic samples and the data derived from it shall be stored in an anonymized manner,

3. I consent to the processing of the data placed in the biobank or archived collection for scientific purposes, and to their publishing in a thesis or scientific paper, without mentioning the names of the participants,
4. for the use of my genetic samples for research purposes,
5. furthermore, that, subject to appropriate official control, the test results and samples can be forwarded to other domestic or foreign researchers, who can use them for predetermined research-development purposes,
6. regarding the results of the genetic test for research purposes - if it contains health-important information for me or my relatives - the staff of the study shall contact me at one of the contact details provided.

I hereby declare that I voluntarily decided to donate biological samples and for those samples to be stored in a biobank. I understand that this consent is voluntary and that I can withdraw it verbally or in writing at any time.

I have understood and acknowledged the contents of this statement and certify it with my signature.

Date:.....

.....

Information Provider Doctor's Signature

.....

Participant's Signature