

PATIENT INFORMATION

SAMPLING

(for persons over the age of 18)

Dear Sir/Madam,

Our Dear Patient,

Your doctor is participating in an international research collaboration together with the institution responsible for your care. Please read the following carefully and if you do not mind, we would like to ask you to contribute to our research efforts by donating biological samples, with the use of which we would like to help You, the patients. Of course, if you do not want to donate your samples, we will respect your decision and reassure you that this will have no effect on your future treatment or care.

The reason we are asking you to donate biological samples for us is so that we can gain important information regarding your alcohol consumption and smoking habits, as well as their effects on your illness by applying so-called biomarker measurements. During our research, we would be able to obtain information that could lead to significant progress in the diagnosis, treatment and prevention of the disease you have. The results of our tests can reduce the time of treatment for people suffering from pancreatic disease and reduce the chance of recurrence and complications of the disease.

Risks and Benefits

Participating in the study will not affect your health negatively. In fact, reducing the consumption of or completely quitting alcohol and smoking can have a beneficial effect on your health and pancreatic disease. Participation in the study is completely voluntary.

Blood Tests

At each visit, we would take 6 tubes (less than 40 ml) of blood. The blood test does not have any harmful effect on your health. During a voluntary blood donation, volunteers donate approx. fifteen times as much without any problems.

Urine Sample

We ask you to donate approx. 30 ml of urine in the storage container provided to you at your visit.

Hair Sample

We would like to collect hair samples during your visits. We need 30-50 strands of hair, at least 3 cm from the scalp, for the measurements to be performed. It is not necessary to remove the hair follicle, so sampling is not painful.

Sample and Data Storage

In all cases, the samples will immediately receive a code number, so your name will be kept secret throughout the study, known only to your treating doctor and the doctor conducting the research.

In accordance with § 23 of Act XXI of 2008, the coded genetic sample, data and code keys are stored physically and electronically separately. Pursuant to § 24, the registry containing coded genetic samples or data stored together with personal identification data shall not be linked to the registry containing personal identification data. Pursuant to § 26, all genetic samples and data stored in a biobank, as well as all procedures and activities related to the transmission of the genetic sample and data, are recorded for at least 30 years from the date of data collection, unless the data subject withdraws their consent to the processing of their genetic data. In case of revocation, after informing the data subject, all records relating to genetic data will be destroyed.

The donated samples are processed for research purposes, meaning that their results will no longer affect your treatment, but they may help cure diseases later on. The results obtained from the tested samples will be used for scientific purposes and will be published in a thesis or academic paper without the mentioning of the names of participants. The test results and samples may be forwarded to other domestic or foreign researchers under officially regulated control, who may use them for predetermined research purposes.

Consent to the study is voluntary and free of influence, and so it can be revoked either verbally or in writing at any time without you needing to disclose the reason behind it. Revoking your consent to participate will have no negative effects or impose any disadvantages to you.

If you have any questions about the study, please feel free to contact your doctor. In the future, if you would like to know the progress of the examinations and the progress of the research project, please contact Prof. Dr. Péter Hegyi (hegyi.peter@pte.hu) or your treating physician.

Date:

Participant's signature:

Participant's name:.....

Signature of the doctor providing information:

Name of the doctor providing information: