Appendix 2: Informed consent form for the scientific research on the yield of surveillance of cyst lesions of the pancreas

I have read and understood the foregoing patient information folder for participants of the PACYFIC study. I have been given the opportunity to ask questions about this study and I have had all my questions answered to my satisfaction. I have had sufficient time to consider my participation in this trial properly.

I understand that my participation in this trial is voluntary and that I can withdraw at any time, without being penalized or questioned on why I have withdrawn.

I consent to the viewing of my medical file by authorized persons as was written in the patient information folder.

I consent to the use of my medical data and body tissue for all purposes which are mentioned in the patient information folder.

I give permission to send me the patient questionnaire by e-mail. My e-mail address will be invisible for unauthorized persons and will only be used to send me the patient questionnaires mentioned earlier.

Please write down your e-mail address here: _____

I do/ do not* give permission to store my medical data, which will be collected during this study, for 15 years after the end of the trail.

I do/ do not* give permission to store my body tissue, which will be collected during this study, for 15 years after the end of the trail.

I do/do not* give permission to use my body tissue, which will be collected during the study, for other research regarding pancreatic cysts.

I do/ do not* give permission to contact me for additional research in the future.

I voluntarily agree to participate in this study.

Name participant: ……..

Signature: …… Date: __ / __ / __

** Please, delete what is not applicable.*

This form has to be filled out by the study investigator:

Undersigned declares to have informed the above mentioned person and to have answered all the questions about this trial to the best of his/her ability

If significant new insights that might influence the consent of the participant become available during the study period, I will inform him/her as soon as possible.

Name investigator (or it's representative): ……

Signature: …… Date: __ / __ / __