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

I have read and understood the PACYFIC study patient information folder. Also, I have been given the opportunity to ask questions and all my questions were answered to my satisfaction. I had sufficient time to consider my participation.

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in this study is voluntary and that I can withdraw at any time, without being penalized or questioned on why I have withdrawn.

I give permission to request personal data from my general practitioner or medical specialist.

I give consent to collect and use my personal data to answer the research question of this study.

I am aware that authorized people (as mentioned in the patient information folder) will have access to my medical file to monitor the execution and validity of this study. I consent to give them insight in my medical records.

I give permission to send me the patient questionnaire by e-mail. My e-mail address will not be visible 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 after the end of this study and use it in future research on the field of pancreatic cysts.

I □ **do** □ **do not** give permission to store my body material for 15 years after the end of this study to use this for future research on pancreatic cysts.

I □ **do** □ **do not** give permission to use my body material, 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 want to participate in this study.

Name participant: ……

Signature: …… Date: ___ / ___ / _____

** Please, sign both consent forms*

To be filled out by the study investigator:

Undersigned declares to have informed…… (name participant) 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: __ / __ / __

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