

## Sample Consent Declaration

Project title: RELATE

Please initial all statements you agree with.

I have read and understood the participant information for this project. I had opportunity to consider the information and ask questions. My questions were answered satisfactorily.	<input type="checkbox"/>
I understand that my participation is voluntary and that I can withdraw my consent at any time without giving a reason.	<input type="checkbox"/>
I understand that withdrawing my consent will not have any consequences for my legal rights.	<input type="checkbox"/>
I have been informed about where I can complain if I am unhappy with the treatment I have received during the study.	<input type="checkbox"/>
I give the researcher(s) permission to process my data, including health data, for the purpose of this study.	<input type="checkbox"/>
I give the researcher(s) permission to share my data, including health data, with third parties (e.g. project partners) if this is necessary for this study.	<input type="checkbox"/>
I give permission for my personal information (name, address, date of birth, contact details, this declaration) to be shared with LBI-DHP for administrative purposes related to this study.	<input type="checkbox"/>
I understand that data collected about me in this study will be anonymized.	<input type="checkbox"/>
I understand that data collected about me in this study may be transferred to locations outside of Canada and EU and that data protection laws there may be different from my own country.	<input type="checkbox"/>
I agree that my anonymised data may be used in future ethically approved studies.	<input type="checkbox"/>
I consent to audio and/or video recordings of me to be made for the purpose of this study.	<input type="checkbox"/>
I consent to audio and/or video recordings of me to be transcribed by Whisper for the purpose of this study.	<input type="checkbox"/>
(if applicable) I understand that data collected in this study may be used in the future for commercial development of products/tests/treatments/biomarkers and that I will not financially profit from this.	<input type="checkbox"/>
I agree to take part in this study	<input type="checkbox"/>