GestaltMatcher research study and GestaltMatcher database

Studyinformation *(https://db.gestaltmatcher.org//files/Studyinformation_english.pdf)*

Consent

I have read the study information material about GestaltMatcher, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked were answered to my satisfaction. I voluntarily consent [for my child; for the person legally represented by me] to participate in this research. I have been informed that I may withdraw my consent at any time and without giving any reason. In the event of withdrawal of consent, all attributable data will be deleted and this decision will not negatively affect me in any way.

I consent for these photographs and data to be stored in the GestaltMatcher Database (GMDB) and be used for artificial intelligence (AI) training purposes.

[ ] I consent to data storage and AI training in GMDB

In addition, please tick applicable items:

 1. I consent to access to the photographs and non-personal data in the GMDB by medical professionals from other institutions. This allows the data to be used by other institutions for similarity comparisons of their patients and for training artificial intelligence algorithms. Although these photos are used without identifying information, such as my name, I understand that someone may recognize me.

[ ] I consent to access by medical professionals from other institutions

 2. I agree that photographs of me or my child, published in GMDB may be used for teaching and educational purposes. This includes medical student and resident physicians.

[ ] I consent to use for teaching and educational purposes

 3. I agree that my pictures and data may additionally be published in anonymous form in a scientific journal. My personal data are subject to the data protection act.

Publication in a scientific journal:
 ( ) No
 ( ) Yes
 ( ) I would like to be contacted again if necessary

 4. This study may be followed by follow-up scientific studies. I agree to be contacted again for follow-up scientific studies, if necessary.

[ ] I agree to be recontacted for follow-up studies

In case of consent to be recontacted for journal publication or scientific follow-up, please leave your contact information:

Contact information: _____

If you have any further questions, please contact us at: info@gestaltmatcher.org

Prof. Dr. med. Peter Krawitz
Head of the Institute for Genomic Statistics and Bioinformatics
Chairman of the Association for Genetic Diagnostics e.V.
University Hospital Bonn
Rheinische Friedrich-Wilhelms-University Bonn
Venusberg-Campus 1
53127 Bonn

https://www.igsb.uni-bonn.de *(https://www.igsb.uni-bonn.de)*

Patient

Name: _____

First name: _____

Date of birth: _____

Signee

Name: _____

First name: _____

Signing on behalf of: _____
   ( ) Selbst
   ( ) Mein Kind
   ( ) Betreute Person

Place: _____

Date: _____

Signature