TNS Ilres

CON-VINCE CONSENT

Q001 - VBR: Intro ICQ

Dear Panel Member,

Thanks a lot for your interest in this study. You are now going through the Informed Consent Questionnaire. In this questionnaire, we are going to ask you how far you are willing to participate in the study. You have the choice to tick "No", if you do not consent to the presented requests.

Reminder: On what legal basis do we process your data?

The use of your personal data is necessary to achieve the objectives of the study, which we are conducting in the public interest and for the purposes of scientific research (art. 6.1e and art. 9.2j of the GDPR.).

Q002 - VBV: Informed Consent Form Part 1

Informed Consent Form:

Validated by Prof. Dr. Rejko Krüger:

Signature:

Please read carefully and thoroughly before ticking your answer.

I declare that I have read and understood the information described in the previous Participant Information Questionnaire.

I understand that I have the possibility to download a copy of the Participant Information Questionnaire, as well as the general information for participants.

I declare that I have received a clear description of the purpose and nature of the study and am aware of what is expected of me as a participant in this study.

I attest to have had sufficient time to think about it and to discuss it with a person of my choice.

I understand that I can call the number mentioned in the Participant Information questionnaire to ask all the questions about the study that came to my mind.

I agree that my treating physician will be informed about my participation in the study (in case you don't have a treating physician, write none):
Name and address of my treating physician:

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I fully understand that I am free to leave the study at any time without having to justify my decision, and without suffering any material or moral prejudice. I will simply inform the principal investigator or the investigative team via the contact options indicated in the Participant Information Questionnaire.

I understand that any personal information collected in the context of this study will be treated in a strictly confidential manner, in accordance with the General Data Protection Regulation (EU) 2016/679 of 27 April 2016, applicable as of 25 May 2018 (known as the RGPD) and any subsequent text replacing or supplementing this text (in particular the law of 1 August 2018 on the organisation of the National Commission for Data Protection and implementation of the RGPD).

I accept that the results of this study may be the subject of scientific communications or publications. I am aware that the presentation of the results of the study can in no way allow my direct or indirect identification.

I voluntarily consent to participate in this study on the basis of the terms and conditions described on the previous pages of this questionnaire and I understand what types of data will be collected during this study*.
*If you select "no", you are not eligible to participate in the study.

- [ ] Yes, I consent to participate in this study
- [ ] No, I do not consent to participate in this study

Q003 - VBZ: Informed Consent Form Part 2

Please read carefully and thoroughly before ticking your answer.

*If you select "no", you are not eligible to participate in the study.

	Yes	No
I agree that my samples will be collected and donated to Luxembourg Institute of Health (LIH)/Integrated Biobank of Luxembourg (IBBL), that my data may be stored at Luxembourg Centre of Systems Biomedicine (LCSB)/University of Luxembourg (UL) and that researchers at these institutes and collaborating partners may use my samples and data for research in this study*.		

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I authorise the LIH/IBBL, LCSB/UL and the researchers and collaborating partners to use my samples and data for further research in the field of infectious diseases and immunological research.		
I agree that my data and samples may be transmitted in an anonymized form outside the European Union where the legislation in force concerning the protection of personal data may be less strict than that of the European Union.		
I agree to be recontacted for possible participation in future studies.		
I am aware that no genetic analysis on my sample is foreseen in the frame of this study, but I agree to the genetic analysis by Next Generation Sequencing techniques (NGS) on my samples in an amendment to the primary study, targeting COVID-19, subjected to approval of the Ministry of Health and Ethics Committee (CNER) in Luxembourg.		
I am aware that no genetic analysis on my sample is foreseen in the frame of this study, but I agree to the genetic analysis by Next Generation Sequencing techniques (NGS) on my samples in future research projects related to infectious diseases and immunology subjected to the approval of the Ministry of Health and Ethics Committee (CNER) in Luxembourg.		

Q005 - VCB: Mutation 1

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In case of fortuitous discovery of a germline mutation (mutations or aberrations that could not only affect my future health, but also that of my children, siblings, parents...), I consent to this information being communicated to me by my treating physician, to discuss the possible implications and to be referred to a local geneticist if necessary.

In making my decision, I confirm that I have been fully informed and understand that the researcher is under no obligation to actively search for genetic mutations in my sample(s), and that the discovery of such a mutation does not constitute a diagnosis. It is also at this time that I will be contacted again if I checked "yes". Finally, I confirm that I have been informed that I may reconsider my decision at any time.
→ Consequences of my decision:
If I answer "no", I will not receive any information about these chance discoveries, nor will my relatives be informed.
If I answer "yes", I will be informed of the incidental finding(s) by my treating physician / the study physician / a geneticist. I will then be invited to discuss the possible implications and be referred to a local geneticist if necessary.

- [ ] Yes
- [ ] No

Q006 - VCB: Mutation 2

In the event that a germline mutation is identified and I am unable to receive this information personally (including if I am deceased at the time this information is identified), I wish to designate a family member (representative) to whom these results could be communicated, who could discuss the implications with my treating physician, and be referred to a local geneticist

- [ ] Yes
- [ ] No

Q007 - VBX: Representative

You confirmed that in the event that a germline mutation is identified and you are unable to receive this information personally, you wish to designate a family member (representative) to whom these results could be communicated.
What is the name of your representative?

Q008 - VBY: Consent

I freely consent to participate in this project:

- [ ] Yes
- [ ] No

In order to be able to link your questionnaire answers to the bio samples, we need to get some personal data from you. As soon as you have done the first bio sample visit, this information will be deleted from the TNS Ilres servers and LIH will only use pseudonymised information to realize their analysis.

Firstname

Lastname

Birthdate

Phonenumber