

Informed consent form participants

Belonging to the PREBICC study – Probiotic intervention in colorectal cancer patients

- I have read the information letter. I was also able to ask questions. My questions were answered satisfactorily. I had enough time to decide whether to participate.
- I know that participation is voluntary. I also know that I can decide to withdraw from the study at any time. Or to stop participating. I do not need to explain why I want to stop.
- I give the researchers permission to inform my treating physician and general practitioner that I am participating in the study.
- I give the researchers permission to request information from my treating physician and general practitioner about my medical history and medical records that are relevant to this study.
- I give the researchers permission to collect and use my data and biological materials. The researchers will only do this to answer the research question of this study.
- I understand that some people may inspect all my data for study verification purposes. These individuals are mentioned in the information letter. I give these individuals permission to inspect my data for this verification.
- I understand that my coded biological materials will be sent to countries outside the EU where EU privacy regulations do not apply. I know that an equivalent level of protection for my data has been agreed upon.

- Please check yes or no in the table below:

I give permission for my data to be stored and used for other research, as stated in the information letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my (remaining) biological materials to be stored and used for other research, as stated in the information letter. The biological materials will be stored for this purpose for 15 years.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission to be asked after this study if I would like to participate in a follow-up study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give the researchers permission to inform me after the study which treatment I received / which group I was in.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- I want to participate in this study.

My name is (participant):

Signature:

Date: __ / __ / __

I declare that I have fully informed this participant about the mentioned study.

If information becomes known during the study that may influence the participant's consent, I will inform the participant in a timely manner.

Name of researcher (or their representative):

Signature:

Date: __ / __ / __

Additional information was provided by:

Name:.....

Function:.....

Signature:.....

Date: __ / __ / __

The participant receives a complete information letter, along with a signed version of the consent form.