



Departments of Dermatology and Immunology, Auenweg 38, 06847 Dessau

Declaration of Consent

Title of the study: **Papulosis Atrophicans Maligna –Köhlmeier-Degos disease**

I hereby declare,

First name:

Surname:

Address:.....

.....

Date of birth of the participant in the study:

Patient No.:

(to be filled by doctor responsible for the study)

I acknowledge that Dr.

(name of the doctor responsible for clarifying matters to the study participant),

Address:.....

.....

has informed me, verbally and in writing, about the nature, meaning, consequences of and risks involved in the scientific research carried out as part of the above-mentioned study and that I had sufficient opportunity to clarify any questions I may have had in a discussion with the above-mentioned doctor.

I have understood, in particular, the patients' information provided to me by

Drand I received a copy of said information as well as of this declaration of consent. I am aware that I can retract my consent at any time without specifying reasons and without adverse consequences for myself and that I can veto the further processing of the data pertaining to my person and my tests at any time, and I can demand that they be deleted or destroyed.

I am willing to take part in the scientific research carried out as part of the above-mentioned study.

Declaration of Consent on Data Processing

I declare that I agree that data/details concerning my health, which shall be collected as part of this study, shall be encoded and stored on electronic data media, and processed and that the results of the study shall be published in anonymous form. Furthermore, I agree to the withdrawal, extraction, encoding, examination and storage of my blood and tissue taken as part of this clinical study as well as of the genetic material which may be extracted from these for the purposes of the study by the study doctors or the laboratory of our clinic.

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Signature of the participant in the study

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Signature of the legal representative

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(for children one signature from each parent)

I hereby declare that I have explained, verbally and in writing, to the above-mentioned participant in the clinical trials on / / the nature, meaning, consequences and risks involved in the above-mentioned study and I have provided him/her with a copy of the information as well as of this declaration of consent.

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Signature of the doctor responsible for clarifying matters to the study participant