

Proefpersoneninformatie

Supplementary file 1: patient consent form (translated from Dutch)

Study: Ultrasound-guided endoscopy of the salivary glands

- I have read the information letter. I was also able to ask questions. My questions have been answered sufficiently. I had enough time to decide whether to participate.
  - I know that participating is voluntary. I also know that I can decide at any time not to participate, or to stop my participation. I don't have to give a reason for withdrawing.
  - I give permission to inform my general practitioner (GP)/specialist(s) that I am participating in this study.
  - I give permission to the clinician who treats me with ultrasound-guide endoscopy to request information from the GP/specialist(s) who I consult for the treatment of my Sjögren's syndrome.
  - I consent to the collection and use of my saliva and data to answer the research questions of this study.
  - I know that for inspection of the study some people are needed to access my data. Those people are listed in this information letter. I give permission for this inspection of my data by these persons.
  - I give permission to inform my GP and/or treating specialist(s) of unexpected findings that are or may be important for my health.
  - I'll give  or I'll not give  consent for my encrypted data and body material to be sent to the United States of America.
  - I'll give  or I'll not give  permission to contact me again after completion of this study for a follow-up study.
- I want to participate in this study.

Name of participant:

Signature: Date: \_\_ / \_\_ / \_\_

-----

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

If during the research, information becomes available that could influence the consent of the participant, I will inform him/her in good time.

Name of researcher (or his representative\*):

Signature: Date: \_\_ / \_\_ / \_\_

-----

Additional information is provided by:

Name:

Function:

Signature: Date: \_\_ / \_\_ / \_\_

-----

\* Mark what applies.