Informed consent form FORTE

Research regarding iron supplementation for blood donors with low ferritin levels

- I have read the information letter. I was also able to ask questions. My questions have been answered adequately. I have had enough time to consider if I would like to participate.
- I understand that participation is voluntarily. I also know that I can decide to quit participating at any moment. For this I don't need to provide any reasons.
- I give permission to request information regarding my health, a hospitalization, or death from a medical centre, my physician, or the Central Bureau for Statistics, during or after the study.
- > I give permission to link my donation information with the research information.
- I give permission to collect, use, and store my information and human tissue to answer the research questions in this study.
- I know that some persons will have access to all my information for study monitoring. These persons are mentioned in the information letter. I give these persons permission for access.
- I give permission to Sanquin to store my information and human tissue for 15 years after the study.
- I give permission to share my encrypted information and human tissue with domestic and international laboratories and researchers for purposes described in the information letter.
- ♦ I □ do

 $\hfill\square$ do not give permission to collect DNA from my blood and to store and use is for this study

✤ I □ do

□ do not give permission to approach my again for a potential follow-up study.

✤ I □ do

□ do not give permission to store the human tissue, DNA, and research data for an additional 15 years, after the initial 15 years of storage as part of this study, so in total 30 years.

• I would like to participate in this study.

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| Name subject: | |
|---------------|-----------|
| Donor number: | |
| Signature: | Date: / / |
| | |

I declare that I have fully informed the subject about the afore mentioned study.

If information becomes available which could affect the informed consent, then the subject will be informed timely.

| Name researcher (or the latter's representative): ,,,,,,,,,,,,, | |
|--|-----------|
| Signature: | Date: / / |
| | |

EIN-sticker:



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