

**Appendix 1. Informed consent form for patients who have an asymptomatic AAA or who have previously undergone AAA repair**

**Biobank Pearl AAA.**

- I consent to the collection, storage and analysis of blood, urine and aortic tissue (in case of open surgery) and data regarding research for abdominal aortic aneurysms.
  - I consent to the coded storage of my data for a maximum of 50 years in the biobank Pearl AAA.
  - I consent to the coded storage of my biomaterials for a maximum of 50 years for use in future biomedical research.
  - I give permission for my GP to be informed that I am participating in this study.
  - I give permission for information regarding my health status to be requested from my GP, pharmacy and the municipal registry of persons, under the condition that my privacy will be safeguarded.
  - During biomedical research with my biomaterials, incidental findings may be found that are associated with a disease or disorder. Sometimes it only concerns an increased risk. I consent that I will be informed about incidental findings if these are relevant to my (or my family's) health status because either prevention or treatment is possible.
  - I consent to the possible sharing of my data, biomaterials and imaging data with non-commercial institutions in countries in the European Union. This will only be done for research purposes.
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Additional consent options:

- I consent to the acquisition of my data from national registries concerning the quality of healthcare and its improvement, under the condition that my privacy will be safeguarded.
  - Yes
  - No
- In the event of my death, I consent to the possibility that information regarding my death may be acquired from the Central Bureau of Statistics, under the condition that my privacy will be safeguarded.
  - Yes
  - No
- I consent to the possible sharing of my data, biomaterials and imaging data with institutions in countries outside the European Union. This will only be done for research purposes.
  - Yes
  - No
- I consent to the possible sharing of my data, biomaterials and imaging data with commercial entities. This will only be done for research purposes.
  - Yes

English translation of the informed consent form of the biobank Pearl AAA

- ☐ No
- I consent to the study of my DNA for findings associated with the origin and development of abdominal aortic aneurysms and to the effects and complications of medication
    - ☐ Yes
    - ☐ No
  - I consent that I may be approached for additional information and/or biomaterials if this is necessary for a specific biomedical study
    - ☐ Yes
    - ☐ No

**Name participant:**

Date of birth:

Signature:

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

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**Declaration of researcher**

I hereby declare that I have fully informed this study participant regarding the biobank Pearl AAA. If information comes to light during the course of the study that could affect the study subject's consent, I will inform him/her of this in a timely fashion.

**Name researcher:**

Signature:

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

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Additional information has been given by (if applicable):

Name:

Role:

Signature:

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

*Study participants receive the full information brochure, and a signed copy of the informed consent form.*