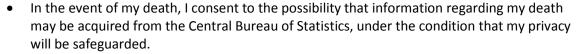
Appendix 3. Informed consent form for patients after emergency AAA repair.

Biobank Pearl AAA

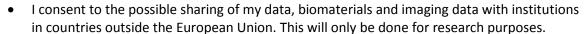
- I consent to the collection, storage and analysis of blood, urine and aortic tissue (in case of open surgery) and data regarding research for abdominal aortic aneurysms.
- I consent to the coded storage of my data for a maximum of 50 years in the biobank Pearl AAA.
- I consent to the coded storage of my biomaterials for a maximum of 50 years for use in future biomedical research.
- I give permission that 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 noncommercial institutions in countries in the European Union. This will only be done for research purposes.

•	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
	V.

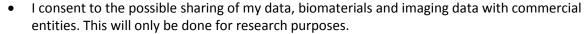
- Yes
- o No



- o Yes
- o No



- o Yes
- o No



- o Yes
- o No

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

	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		
0	Yes	ets and complications of medication	
0	No		
I consent that I may be approached for additional information and/or biomateri			
necess	necessary for a specific biomedical study		
0	Yes		
0	No		
Name particip	ant:		
Date of birth:		_ ,	
Signature:		Date://	
Declaration of	researcher		
If information	re that I have fully informed the legal is comes to light during the course of the 's consent, I will inform him/her of the	· · · · · · · · · · · · · · · · · · ·	
Name researc	har		
Signature:	iler.	Date://	
	ormation has been given by (if applicat	ole):	
Name:			
Role:			
Signature:		Date://	
Study participo	ants receive the full information broch	ure, and a signed copy of the informed consent	

form.