

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 non-commercial institutions in countries in the European Union. This will only be done for research purposes.
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- 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
 - 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: __/__/__

Declaration of researcher

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

Name researcher:

Signature:

Date: __/__/__

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.