CONSENT TO PARTICIPATE IN THE STUDY:

"Use of RT-QuIC Method for Improved Diagnosis of Neurodegenerative Diseases: Prospective and Retrospective Study"

Name and Surname: .....

Date of Birth: .....

Dear Sir or Madam,

As part of determining the cause of your illness, a series of examinations, including the collection of cerebrospinal fluid, have been carried out.

We offer you cooperation on a research project aimed at a better understanding of the damage to the nervous system caused by the illness you are experiencing. We are trying to obtain the most accurate picture of the organism's state at the time of diagnosis and further throughout the course of the disease.

With your consent, we would like to use the sample of cerebrospinal fluid already collected for research purposes. The sample will be stored for a maximum of 5 years and used for additional testing for the presence of prion protein.

All personal data will be encoded, and the code will be held by the main examining doctor. It will not be possible to identify you from the data. The data obtained will be analyzed and published in professional journals, ensuring full anonymity.

We greatly appreciate your willingness and are, of course, available to provide you with any additional information should you require it.

doc. MUDr. Robert RUSINA, Ph.D.
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Vídeňská 800, 140 59 Prague 4, Czech Republic
Tel. +420 26108 3522

STATEMENT OF THE PERSON BEING EXAMINED

I have no objections to the sample of my cerebrospinal fluid being stored and used for research purposes.

I have received a dated and signed copy of this information sheet.

In the event of my inclusion in the study, my personal data will be kept confidential in accordance with the applicable laws of the Czech Republic. For research and scientific purposes, my personal data may only be provided without identification (anonymized data) or with my express consent.

When data is transferred, the protection of personal data required by the "Regulation (EU) 2016/679 of the European Parliament and Council of 27 April 2016 on the protection of individuals in relation to the processing of personal data". commonly known as the GDPR, will be ensured.

Date, Place:

Patient's Name, Signature: Doctor's Name, Signature:

CONSENT TO PARTICIPATE IN THE STUDY – RELATIVE/ CLOSE PERSON:

"Use of RT-QuIC Method for Improved Diagnosis of Neurodegenerative Diseases: Prospective and Retrospective Study"

Name and Surname of Patient: .....

Date of Birth: .....

Name and Surname of Relative/Close Person: .....

Dear Sir or Madam,

As part of determining the cause of the illness of your relative (close person), Mr/Ms ....., a series of examinations, including the collection of cerebrospinal fluid, have been carried out.

We offer you cooperation on a research project aimed at a better understanding of the damage to the nervous system caused by the illness affecting your relative. We are trying to obtain the most accurate picture of the state of the organism at the time of diagnosis and throughout the course of the disease.

With your consent, we would like to use the sample of cerebrospinal fluid already collected for research purposes. The sample will be stored for a maximum of 5 years and used for additional testing for the presence of prion protein.

All personal data will be encoded, and the code will be held by the main examining doctor. It will not be possible to identify your relative (close person) from the data. The data obtained will be analyzed and published in professional journals, ensuring full anonymity.

We greatly appreciate your willingness and are, of course, available to provide you with any additional information should you require it.

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STATEMENT OF THE RELATIVE/CLOSE PERSON OF THE EXAMINED PERSON

I have no objections to the cerebrospinal fluid sample of my relative/close person being stored and used for research purposes.
I have received a dated and signed copy of this information sheet.
In the event of inclusion in the study, the personal data of my relative (close person) will be kept confidential in accordance with the applicable laws of the Czech Republic. For research and scientific purposes, personal data may only be provided without identification (anonymized data) or with my express consent.
When data is transferred, the protection of personal data required by the "Regulation (EU) 2016/679 of the European Parliament and Council of 27 April 2016 on the protection of individuals in relation to the processing of personal data," commonly known as the GDPR, will be ensured.

Date, Place:

Relative's Name, Signature: Doctor's Name, Signature: