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## Declaration of Consent - Children and Adolescents

on the scientific study

### *Identifying the Causes of Rare Diseases using Genome-Wide Sequencing*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_,

I consent to participate in the research project indicated above.

I was informed about the study in a personal conversation by the responsible physician

\_\_\_\_\_

I have read the information sheet and all my questions have been answered sufficiently.

I understand that I may not personally benefit from my participation in the study.

I understand that I can say at any time that I no longer wish to participate in this study without any disadvantage to me or my parents.

I agree to be contacted again when I am of **adult age** to discuss my continued participation in this scientific study.

\_\_\_\_\_  
city, date

\_\_\_\_\_  
first name and surname patient/participant  
(block letters)

\_\_\_\_\_  
signature patient/participant

\_\_\_\_\_  
first name and surname physician  
(block letters)

\_\_\_\_\_  
signature physician