



## INFORMED CONSENT FORM

For participation to the clinical research trial:

### ***Efficacy of FDG-PET/CT in Evaluation of Cytological indeterminate Thyroid nodules prior to Surgery (EFFECTS)***

I declare that I have been informed about the study and its nature, goals, methods, risks and burden, in a way that I could understand and to my satisfaction. I have read all provided patient information carefully. I had sufficient opportunity to ask questions, which were answered to my satisfaction. I was able to take the time to consider study participation. I know the investigators and other qualified persons involved with this research project, may access my data and collect and use these data for the purpose of this study, as mentioned in the patient information letter. I know that data and results of this investigation are only presented to third parties in an anonymous and confidential fashion. I give my voluntary consent to participate in this study. I reserve the right to withdraw my consent at any time, and end my study participation without having to provide argumentation for my decision. I know that the research data that concern me will be stored for 15 years. I give consent to additional analysis of my thyroid tissue in the Radboudumc. I give consent for forwarding a copy of this informed consent form to the investigators in the Radboudumc.

*[ to be filled by patient himself/herself ]*

**Last name + initials :** .....

**Date of birth :** .....

**Inform family doctor:** 

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**I approve**  **I do not**

**approve**

**signature :** ..... **date :**

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Undersigned declares that the person mentioned above has been informed about the study mentioned above, both in writing as verbally. He/she declares that premature withdrawal from the study by the person mentioned above, will not affect the care that he/she deserved in any way.

*[ to be filled by investigator ]*

**Last name + initials :** .....

**profession :** .....

**signature :** ..... **date:**

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Send a copy of the fully filled informed consent form to: [Lisanne.deKoster@radboudumc.nl](mailto:Lisanne.deKoster@radboudumc.nl)  
Or by mail to: LUMC, afd. Nucleaire Geneeskunde C2-P, t.a.v. L. de Koster, postbus 9600, 2300RC Leiden.  
Save the original form in the patient medical file or investigator site file. Give a copy to the patient.

## **Claim form for travel expenses concerning participation in the EffECTS study**

When you travel to your hospital specifically for the PET/CT scan or the follow-up ultrasound after 12 months, you receive a compensation of €0,19 per kilometer for your travel expenses (return trip). The medical ethical research committee has approved this compensation. The distance of your return trip is calculated using a common route planner. The calculated compensation is transferred to your bank account.

Note: only a fully completed form can be considered for compensation.

### **To be filled by patient:**

Address + number:	
Zip code + place:	
Hospital:	<input type="checkbox"/> AMC <input type="checkbox"/> St. Antonius <input type="checkbox"/> Erasmus MC <input type="checkbox"/> Hagaziekenhuis <input type="checkbox"/> Isala <input type="checkbox"/> Meander MC <input type="checkbox"/> LUMC <input type="checkbox"/> MUMC <input type="checkbox"/> OLVG <input type="checkbox"/> Radboudumc <input type="checkbox"/> Reinier de Graaf <input type="checkbox"/> Rijnstate <input type="checkbox"/> UMCG <input type="checkbox"/> UMCU <input type="checkbox"/> VUmc <input type="checkbox"/> other: .....
Reason for hospital visit:	<input type="checkbox"/> <sup>18</sup> F-FDG-PET/CT <input type="checkbox"/> follow-up ultrasound of the neck (after 12 months)
Bank account number (IBAN):	.....
In the name of:	
Citizen Service Number Burgerservicenummer (BSN) <sup>1</sup> :	

Signature to declare that the above has been filled truthfully:	
Date (DD-MM-YYYY):	- - - - -

<sup>1</sup>: needed for payment of the travel expenses.

### **To be filled by investigator:**

Aantal kilometers enkele reis  
woonadres naar ziekenhuis  
gebaseerd op GoogleMaps

km, dit is retour:  km

Vergoeding (à € 0.19/km)

€  .  Paraaf:

Return the completed form to the investigators, preferably by email: [Lisanne.deKoster@radboudumc.nl](mailto:Lisanne.deKoster@radboudumc.nl)  
Or by mail: LUMC, afd. Nucleaire Geneeskunde C2-P, t.a.v. L. de Koster, postbus 9600, 2300RC Leiden.