







**Right of withdrawal**

**Our consent is voluntary!**

We can withdraw our consent at any time without giving reasons and without any disadvantages arising for us or our child. The legality of the processing based on our consent until the withdrawal is not affected by this. In the case of a withdrawal, the biosamples provided by our child for research will be destroyed and the patient data of our child stored according to this consent will be deleted. If deletion is not possible or not possible with acceptable technical effort, the patient data of our child will be anonymised by deleting the assigned identification code.

We have been informed about the utilisation of our child's patient data and biosamples as well as the associated risks and give our consent within the abovementioned context. We have had sufficient time to reflect, and all our questions have been answered satisfactorily.

**We received a copy of the study information for parents and the signed consent form after the informed consent consultation.**

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

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

\_\_\_\_\_  
signature      mother

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

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

\_\_\_\_\_  
signature      father

I performed the informed consent consultation.

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

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

\_\_\_\_\_  
signature      physician