

Surname, First Name

IDNR

(We will complete this section for you)

German Environmental Survey for Adults – GerES VI

Consent Form for blood sampling

I _____
(Surname, First Name)

hereby declare that _____
(medical professional or somebody deputising for them)

has informed me verbally and in writing about the nature, significance, scope, and risks of taking blood samples and that I have had sufficient opportunity to clarify my questions about this in a discussion with the medical professional.

I have understood the survey information and in particular the blood sampling information sheet provided to me and have received a copy of the same and of this consent form.

I am willing to have about 60 ml of whole blood taken from one of my veins as part of the above survey. I am aware that I can withdraw my consent at any time without giving reasons and without me being disadvantaged in any way, and that I can object to further processing of my data at any time.

Statement of consent to data processing

I consent to the German Environment Agency (UBA) and Oracle Life Sciences and their contractors or potential collaborative partners processing my personal data for the purposes of the above-mentioned survey.

I consent to my data collected as part of the above-mentioned survey being recorded, stored in encrypted form (pseudonymised), analysed and the anonymised results being published. I also consent to my survey data being included in a data pool („Scientific Use File“), which is available to the wider scientific community for further research. This data pool does not contain any information that allows conclusions to be drawn about me.

Furthermore, I consent to the sampling and examination as well as the encrypted (pseudonymised) storage of my blood collected as part of this survey for the purposes of the survey by medical professionals and the German Environment Agency or the laboratory commissioned by the German Environment Agency.

Please tick the other possible uses of your samples and data accordingly on the following page and sign the statement.

The following points are also agreed (please tick):

I wish to be informed about my readings and about any concentrations found in my blood sample, if these can be assessed in toxicological and environmental medicine terms.

☐

yes

☐

no

I consent to portions of my blood samples being stored and examined by the German Environment Agency and by German and international collaborative partners in the event of further questions. I permanently relinquish these blood samples to the German Environment Agency for this purpose. The samples are stored with pseudonymized labelling.

☐

yes

☐

no

I shall not receive notification of my individual results from these future research projects.

I consent to my pseudonymised survey data, in particular that obtained from my blood sample, being passed on by the German Environment Agency to German and international collaborative partners and governmental organisations for further analysis and policy advice.

☐

yes

☐

no

I agree to anonymised storage of my survey data, in particular the data obtained from my blood sample, in comprehensive German and international environmental databases by the German Environment Agency.

☐

yes

☐

no

The survey data stored in these databases does not contain any information that allows identification.

I have the following data protection rights in accordance with Art. 7, 15 - 21 and 77 para. 1 GDPR:

- The right to request information about what personal data of mine has been stored (Art. 15) and to correct and/or complete it, if it is inaccurate (Art. 16). The right to deletion (Art. 17). This is only possible, however, if my personal data is no longer required, is processed unlawfully or if the relevant consent has been withdrawn. The right to have processing of my data restricted (Art. 18) and the right to receive the data I have provided in a structured, standard, machine-readable format (Art. 20).

I can assert these rights for as long as the data can be matched to me as a person.

- The right to withdraw my consent my consent at any time without giving reasons and to terminate my participation in the survey prematurely without me being disadvantaged in any way (Art.7).

- The right to object to further processing of my personal data in special situations, where this is justified by the performance of public functions or the safeguarding of public and private interests. In accordance with § 36 BDSG (Federal Data Protection Act), this right does not apply if a public body is legally obliged to process the data (Art. 21).
- The right to complain to the Data Protection Officer of the German Environment Agency [Mr Langhoff, Bismarckplatz 1, 14193 Berlin, Tel: +49 (0)30 8903 5141] or to the supervisory authority [The Federal Commissioner for Data Protection and Freedom of Information (BfDI), Husarenstr. 30, 53117 Bonn, +49 (0) 228-997799-0] (Art. 77).

Furthermore, I have

- The right to demand the destruction of my samples at any time without giving reasons, and without me being disadvantaged in any way.

I can assert this right for as long as the samples can be matched to me as a person. This means that it will no longer be possible to destroy your samples after we have deleted your address data.

I have received a second copy of this consent form. The first copy remains with the German Environment Agency.

Place, date

Signature of participant

I hereby declare that I have informed the above-mentioned participant verbally and in writing on _____._____ about the nature, significance, scope and risks of taking blood samples for the above-mentioned survey and have handed over a copy of the information and this consent form.

Place, time

Signature of medical professional