



HEIDELBERG UNIVERSITY HOSPITAL

Institute of Medical Psychology | Bergheimer Str. 20 | 69115 Heidelberg

***Consent Form for Women with Depressive Disorder (being in a romantic partnership) to the study: „Psychobiological Markers & Real -Time Interaction in Depression: the SIDE/CBCT Study“**

Version 3.0

Study Participant (Surname, First name):

Date of Birth: _____ . _____ . _____

ID-Sticker:
(Pseudonym)

I hereby declare my consent to participate in the research project according to the above information. By signing, I confirm that I have read and understood the content of the information. I had the opportunity to ask questions that were satisfactorily answered. I know that my participation is voluntary and I can withdraw my consent at any time without giving any reason and demand the destruction of my blood and saliva samples and all the data, without causing any disadvantages.

- I expressly agree that my data and biomaterials may be used for the research purpose stated in the information document.
- I expressly agree that the property of the biomaterials taken from me will be transferred to the Institute for Medical Psychology of the University Hospital Heidelberg.

I am aware that I will not necessarily have a personal advantage from this research project.

From the body materials taken from me, contrary to expectations, medical findings, so-called incidental findings, can be obtained, which can be of considerable importance for the preservation or restoration of my own health. Below you can decide how the study management should deal with it:

- Yes**, I would like to be informed about incidental/random findings of my examination.

* This is a free translation of the German Version

Centre for Psychosocial Medicine

Department of General Psychiatry
Prof. Sabine Herpertz

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Department of Child and Adolescent
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- No**, I do not want to be informed about incidental/random findings of my examination.

Furthermore, I am aware that for the purpose of collecting further historical data, it is possible to contact me again at a later date in order to request additional information and/or biomaterials from me.

A possible contact is made via the Director of the Institute of Medical Psychology:

Prof. Dr. phil. Dipl.-Psych. Beate Ditzen
 Institut für Medizinische Psychologie im
 Zentrum für Psychosoziale Medizin (ZPM)
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Data Protection:

I am aware that in this research project personal data, in particular biological findings and data generated from questionnaires, should be collected, stored and evaluated about me. The use of the information about these biological findings and data takes place according to legal regulations and requires the following voluntary declaration of consent before participating in the research project, i.e. I cannot participate in the research project without the following consent.

1. I agree that within the scope of this research project personal data, in particular information about biological findings (obtained from the blood and saliva samples taken) as well as data from questionnaire surveys, may be collected about me and recorded in paper form and on electronic data carriers at the University Hospital of Heidelberg. The collected data and blood samples may be passed on pseudonymized (encoded) to the department "Genetic Epidemiology in Psychiatry" of the Central Institute of Mental Health in Mannheim for scientific evaluation.
2. I have been informed that I can terminate my participation in the research project at any time. If I withdraw my consent to participate in the research project, I have the right to request the deletion of all my personal data stored until then and the destruction of all collected biomaterials (blood and saliva samples).
3. I agree that my data and biomaterials may be stored for a maximum of 10 years after completion or termination of the research project. Afterwards my personal data will be deleted, as far as legal or statutory retention periods do not oppose the deletion.
4. I agree that the collected data will be made available to the national and international scientific community in anonymous form through a publication via the research data repository of the University of Heidelberg "heiDATA". This serves additionally the scientific quality assurance in the sense of the comprehensibility of the provided study results. A storage of the data at heiDATA takes place without personal identifiers (e.g. name or contact data).
 Die auf diese Weise veröffentlichten Daten sowie auch Veröffentlichungen in wissenschaftlichen Fachartikeln, welche die Daten in anonymisierter Form verwenden, bleiben dauerhaft öffentlich verfügbar.

I have received a copy of the study information and consent form. The original remains with the Institute for Medical Psychology of the University Hospital Heidelberg.

Name of the study participant in block letters

Heidelberg, den _____
Place, Date **Signature participant**

I conducted the reconnaissance interview and obtained the consent of the subject.

Name of the (technical) staff in block letters

Heidelberg, _____
Place, Date **Signature (technical) staff**