



## **Subject information for adults**

Dear Sir/Madam,

You have been asked to participate in the biobank mentioned above. Before you decide whether you want to participate we would like to explain what it involves. You have received this letter to provide you with this information. Please read this information carefully and ask the investigator any questions you may have. You may also discuss this letter with your partner, friends or family. It is important that you read and fully understand the information, which applies to everyone who participates in this biobank.

Participation is voluntary and you may refuse or withdraw your consent at any time, without any consequences for your medical treatment.

When you were admitted to hospital, your medical condition rendered you legally incapacitated to give consent for participation in medical research. We therefore asked your partner, family member or other representative to consent your participation in this biobank. Now that your medical condition has improved, we can inform you ourselves what the biobank entails and ask you personally for your consent to participate. Please let us know if you wish to participate or not within two days.

### **1. Introduction**

You were admitted to hospital and a lumbar puncture was performed because meningitis was suspected. Meningitis may be caused by different bacteria or viruses but also by a disruption of the immune system (auto-immune disease). Meningitis is a rare disease and a lot is yet unknown about some of the causes. Therefore, we would like to collect data of all the patients in whom the diagnosis was suspected and proven or excluded by a lumbar puncture. We will store these data in a so called biobank, so that in the future it may be used for scientific research.

### **2. Background and purpose of the biobank**

A biobank is a place where bodily material of many patients is stored so that in the future scientific it may be used for scientific research. The aim of this biobank is to systematically collect data of patients who are suspected of meningitis. Therefore, we first we collect and store all the materials. Then, when we have collected enough samples after a few years, we can research meningitis.

### **3. What does participation involve?**

We would like to ask your permission to store the cerebrospinal fluid, which has been collected during the lumbar puncture by your treating physician, in the biobank in order to study different causes of meningitis. Furthermore, we have collected (or wish to collect) extra blood samples, and perform a rectal and throat swab. This will also be stored in the biobank. The blood withdrawal consists of one additional withdrawal (19 ml of blood), which, if possible, will be combined with a regular withdrawal. If

you decide to participate, the investigators will fill in a questionnaire about your symptoms before and during admission, findings on your physical examination and ancillary investigations like scans and blood tests. Because scans of patients with meningitis can show specific or subtle abnormalities we wish to save your scans so that we can evaluate them ourselves.

Collection of the extra tube of cerebrospinal fluid, blood and the rectal and throat swab are all extra tests for the biobank. All other investigations mentioned above are part of regular care.

#### **4. Additional burden**

If possible an extra tube of cerebrospinal fluid has been withdrawn during the lumbar puncture. This does not pose an extra risk. There will be one additional blood withdrawal during your admission or stay at the Emergency Department. We will try to combine this with a regular withdrawal. Furthermore we will collect one additional rectal and throat swab. The throat swab will be collected with a long cotton swab which will be brushed against the back of your throat. This can briefly induce a gag reflex. This is not dangerous, but may be uncomfortable. The rectal swab will also be collected with a cotton swab. This needs to be inserted 1 cm into the anus and rotated a few times. You can do this yourself. This is not dangerous nor is it painful.

#### **5. If you do not wish to participate or wish to stop participating**

It is up to you to decide whether or not to participate in the biobank. Participation is voluntary and you may refuse or withdraw your consent at any time without providing a ground for withdrawal. This does not have any consequences for your medical treatment. Even if you give your consent at first but later change your mind, you will receive usual care. Should you withdraw your consent, your bodily material and research data will be destroyed. If, however, analyses with your data have already been performed, these results will be used.

#### **6. Confidentiality**

We will be very careful with your data. Personal data are coded with a unique number and only the investigators of this biobank have access to this code, which falls under the authority of the biobank's administrator. If material or data is sent to other investigators, they will only contain this code, never your personal data. In reports and publications regarding the research none of the data will be traceable to you personally. The investigators will use your medical chart to fill in the forms with clinical data, and all this information will be treated confidentially. Some people in the AMC may access your data which is necessary to store all your coded data in the biobank correctly and to check if all future research is performed well and reliably. The investigators in the AMC are the people who have access in order to store the coded data. Other people who have insight in your data are a research monitor of the AMC and the national supervisory authorities like the health-inspection (Inspectie voor de Gezondheidszorg- IGZ). If you participate in this biobank you consent to their and the investigators' access to your medical chart for the purpose of this biobank.

Research data will be stored in the biobank for 20 years, so that in the future it may be used for other research in the field of meningitis. During this period you may withdraw your consent at any moment in which case your data will be taken out of the database and your materials will be destroyed.

By signing this consent form you give permission to use your bodily materials for any future research with a comparable purpose. On the form you can state if we may approach you again for this research. It is possible that in the future bodily material and (coded) data will be shared with foreign research institutes outside of the European Union. In those countries the level of protection of privacy can differ from within the European Union because different rules apply. On the consent form you can indicate whether or not you give permission to send your data to countries outside of the European Union.

This biobank is approved by the Biobank Review Committee (Biobank Toetsingscommissie) from the AMC. We adhere to international guidelines for medical-scientific research.

### **7. Unexpected findings**

It is possible that in future scientific research certain things come to light that could be of interest for your health and/or the health of your family members. By this we mean findings that could indicate a certain disease, or a higher risk for a certain disease, which is for example caused by a genetic variation that could also occur in your family members. We will inform you about these kind of findings if they indicate a serious health problem or risk for which a treatment is available. We will carefully weigh the decision whether or not to inform you about such a finding and we will ask a committee in our hospital to advise us on if it would be necessary to inform you. If you object to this course of events you cannot participate in this biobank.

### **8. Questions**

If you have any further questions about this biobank, please contact one of the investigators:

- Prof. dr. J. Killestein, neurologist and local investigator, +31 20 – 444 1160
- Drs. I.E. van Zeggeren, PhD student, +31 20 5661564
- Drs. L. ter Horst, PhD student, +31 20 5661564
- Dr. M.C. Brouwer, neurologist AMC, +31 20 5664042
- Prof. Dr. D. van de Beek, neurologist AMC, +31 20 5663647

You may also consult an independent physician, who is not directly involved in the biobank but has substantial knowledge about it:

- Prof. Dr. R.M.A de Bie, neurologist AMC, +31 20 5663445

### **9. Signing the consent form**

With your signature you confirm your participation in this study. You may still withdraw your consent at any given time. Your treating physician or the investigator will also sign the form saying that he or she has explained you everything about the biobank and gave you this letter.



**10. More information on your rights regarding the processing of data**

For general information on your rights regarding the processing of data you can go to the website of the Autoriteit Persoonsgegevens: [autoriteitpersoonsgegevens.nl/privacy/persoonsgegevens](http://autoriteitpersoonsgegevens.nl/privacy/persoonsgegevens). If you have any questions about your rights in this biobank you can contact the administrator. In case of questions or complaints regarding your personal data you can reach out to mrs. M. Inge, data protection official of the AMC ([fg@amc.amc.nl](mailto:fg@amc.amc.nl)) or the Autoriteit Persoonsgegevens.

**11. Contact details complaints committee Amsterdam UMC, location Vumc**

*Post address:*

Amsterdam UMC, location VUmc

T.a.v. Zorgsupport, klachtenfunctionaris

Postbus 7057

1007 MB Amsterdam

*Phone number:* (020) 444 0700/444 3555



**Subject consent form I-PACE biobank**

CRF nr: .....

I have read the subject information form (version 5.4). I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether to participate.

I know that participation is voluntary. I also know that I may decide at any time not to participate after all or to withdraw from the biobank. I do not need to provide an explanation for this.

I know that some people may have access to all my data in order to store it correctly and verify the future research. These people include the investigators in the AMC, the health-inspection (Inspectie voor Gezondheidszorg – IGZ), the medical ethical committee of the AMC and auditors. I consent to their inspection.

I give permission for the withdrawal, storage and future analysis of my data in the field of meningitis research.

I give permission to store the coded bodily material for 20 years to use this for medical-scientific research in the future.

I give permission for storage and use of my data for possible follow-up research.

I give permission to use my bodily material in the future in possible research with a comparable purpose. I **do/do not** give permission to approach me again in the future (please cross out what is not applicable).

I **do/do not** give permission to share my data with research institutes outside of the EU (please cross out what is not applicable).

I am aware of the fact that it is possible that during the performance of future scientific research with my bodily material findings may come to light that could be important to me or my family's health and that I will be informed about these findings by my treating physician.

I give permission for participation in the abovementioned biobank.

Name of study subject:

Signature:

Date: \_\_ / \_\_ / \_\_

-----  
I hereby declare that I have fully informed this study subject about this biobank.

If information comes to light during the course of the biobank that could affect the study subject's consent, I will inform him/her of this in a timely fashion.

Name of investigator (or his/her representative):

Signature:

Date: \_\_ / \_\_ / \_\_





**Subject consent form I-PACE biobank**

CRF nr: .....

I have read the subject information form (version 5.4). I was also able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether to participate.

I know that participation is voluntary. I also know that I may decide at any time not to participate after all or to withdraw from the biobank. I do not need to provide an explanation for this.

I know that some people may have access to all my data in order to store it correctly and verify the future research. These people include the investigators in the AMC, the health-inspection (Inspectie voor Gezondheidszorg – IGZ), the medical ethical committee of the AMC and auditors. I consent to their inspection.

I give permission for the withdrawal, storage and future analysis of my data in the field of meningitis research.

I give permission to store the coded bodily material for 20 years to use this for medical-scientific research in the future.

I give permission for storage and use of my data for possible follow-up research.

I give permission to use my bodily material in the future in possible research with a comparable purpose. I **do/do not** give permission to approach me again in the future (please cross out what is not applicable).

I **do/do not** give permission to share my data with research institutes outside of the EU (please cross out what is not applicable).

I am aware of the fact that it is possible that during the performance of future scientific research with my bodily material findings may come to light that could be important to me or my family's health and that I will be informed about these findings by my treating physician.

I give permission for participation in the abovementioned biobank.

Name of study subject:

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

I hereby declare that I have fully informed this study subject about this biobank.

If information comes to light during the course of the biobank that could affect the study subject's consent, I will inform him/her of this in a timely fashion.

Name of investigator (or his/her representative):

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

