**Informed consent**

**TITLE OF THE PROJECT**: Genetic studies in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mr/Ms** (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with **ID document no.**

**I DECLARE** that I have read the information sheet on the research project provided to me, I have been able to ask questions about it and I have received sufficient information from Mr/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has explained all the details, particularly the following:

1. The purpose of the research or the line of research for which I am giving consent.

2. Its expected benefits.

3. Possible inconveniences as a result of donating and collecting the sample, including the possibility of being contacted subsequently for the purpose of collecting new data or samples.

4. The identity of the person responsible for this research, Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of Universitat Autònoma de Barcelona.

5. My right to revoke this consent, to all effects, including the possibility of destroying the sample, and the fact that these effects will not extend to data deriving from research that has already been conducted.

6. The guarantee of confidentiality given to me regarding the information obtained, and the identity of the persons who will have access to my personal data.

**I also declare that** I understand my participation is voluntary, which means that I may withdraw from the research whenever I wish, without having to give any explanations and without this affecting my medical treatment.

**Genetic analysis**

Because genetic testing will be performed on the biological samples, I have been duly informed that:

1. The purpose of the genetic analysis I am giving my consent to is to perform research on gametes.

2. The analysis will be done at the facilities of the unit of Universitat Autònoma de Barcelona in the town of Cerdanyola del Vallès.

3. The staff who access my genetic data as part of their duties will be permanently subject to the obligation of secrecy. They may not disclose my personal genetic data to third parties without my express consent in writing.

4. During the research, unexpected discoveries may arise regarding the genetic characteristics of the material being studied, which could be harmful to me or my biological family, and which will therefore be duly reported to me. Should I wish to exercise my right not to be notified of the above, I will check the box in the following paragraph and I will give the name of my legal representative, to whom the results are to be disclosed. When this information is necessary for avoiding severe damage to the health of my biological family, it may be disclosed to those affected or their legal representative. In all cases, only the data strictly needed for these purposes will be disclosed.

□ I do not wish to have access to the results, nor do I wish to be informed of them. In the event of potential harm to me, please report them to my legal representative, Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with ID document no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with home address (town) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Lastly, I have freely DECIDED** to donate **samples** \_\_\_\_\_\_\_\_\_\_\_\_\_ from (centre)

The donation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is purely voluntary and implies no monetary compensation of any kind. The non‑donation of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ entails no consequences for the treatment to be received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You may exercise your rights under the European General Data Protection Regulation before (details of the data controller), using the forms available on the website of the UAB Data Protection Office ([www.uab.cat](http://www.uab.cat)) and attaching a photocopy of your ID document. You may also file a claim before the Catalan Data Protection Authority (https://apdcat.gencat.cat/ca/contacte), or contact the UAB data protection officer ( [proteccio.dades@uab.cat](mailto:proteccio.dades@uab.cat)).

Likewise, in compliance with Article 7 of Law 14/2007, of 3 July, on biomedical research, on making this donation the donors are understood to relinquish any rights, of a financial nature or otherwise, regarding eventual direct or indirect results of the research.

**Signature of the subject**: **Signature of the biologist/doctor**:

**Name**: **Name**:

**Date**: **Date**:

**This document will be signed in duplicate: one copy to be kept by the researcher and the other by the subject.**