

Translation from the Slovak language that was offered to participants

Tel. No.: _____

1st Department of Gynecology and Obstetrics, Faculty of Medicine, Comenius University and University Hospital Bratislava

Neonatal Clinic of M. Rusnák, Slovak Medical University and University Hospital Bratislava

University Hospital Bratislava – Hospital of St. Cyril and Methodius

Antolská 11, 851 07 Bratislava

INFORMED CONSENT OF THE PATIENT FOR COLLECTION OF MATERIAL FOR RESEARCH PURPOSES

Full Name of Patient: _____

Date of Birth: _____

Health Insurance Company: _____

City: _____

Street, Number: _____

Based on the examination of the above-mentioned person, a procedure for research purposes is proposed – collection of saliva and hair samples for the project “Bridging maternal and child psychological and neuroendocrine functions: underlying mechanisms.”

By signing this document, I confirm that I have not withheld from the examining physician any serious illness for which I have been treated in the past or that has been diagnosed previously (if necessary, please specify relevant medical history):

By my signature, I further confirm that during the medical examination I was informed about the reason, purpose, method, and options of the healthcare to be provided to me, including diagnostic or therapeutic procedures, as well as possible consequences and potential risks associated with the proposed care.

The information was provided to me in a clear, considerate manner, without pressure, and I was given sufficient time and opportunity to decide freely.

Pursuant to Sections 14 and 16 of Act No. 18/2018 Coll. on Personal Data Protection and on Amendments to Certain Acts (hereinafter referred to as the "Act"), I hereby grant consent to the University Hospital Bratislava, Pažitková 4, 821 01 Bratislava, Company ID: 31 813 861, and to the Research Clinic of the Biomedical Research Center of the Slovak Academy of Sciences to process my personal data for research purposes.

Participant Identification Number: _____

By signing this document, I confirm that I agree to the collection of my saliva and hair samples, as well as the collection of saliva samples from my child, exclusively for research and educational purposes.

In Bratislava, on: _____

Signature of patient: _____

I confirm that I have informed the above-mentioned person about the objectives and conditions of the diagnostic examination. The collected material and results will be used exclusively for research and educational purposes. The patient's personal data will not be disclosed.

In Bratislava, on: _____

Treating physician: _____