**Declaration of consent for parents / legal representative**

Participation in the disease registry for recurrent (chronic-recurrent) angioedema (Chronic Angioedema Registry - CARE)

I hereby declare,

Surname, first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, house number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code, city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pseudonym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (to be completed after inclusion in the study)

That I have been informed about the nature, significance, scope and risks of the above-mentioned registry study and have had sufficient opportunity to clarify my questions in this regard.

In particular, I have understood the patient information presented to me and have received a copy of the same and of this declaration of consent form.

I am aware that I may revoke my declaration of consent at any time without giving reasons and without negative consequences for me, and that I can object to further processing of my data and request its deletion or destruction.

I am aware of my right to bring my data, stored in the registry database, to my acknowledge at any time.

I agree to participate in the above mentioned registry study.

**Declaration of consent for data collection and data processing:**

I agree that my personal data / information may be collected and recorded and processed pseudonymously on electronic data storage media as part of this registry study. I also agree that the study results may be published in an anonymous form that does not allow any inference to my person.

I also agree that the aforementioned data may be transmitted in pseudonymized form to the sponsor of the study, the Urtikaria Network e.V. (UNEV), Schönhauser Alle 163, 10435 Berlin, Germany, for the purpose of data analysis.

I also agree that the aforementioned data may be transmitted in pseudonymized form to health authorities in countries within and outside the EU.

Berlin, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the participant

Berlin, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of parent / legal representative, if applicable

Berlin, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of parent / legal representative, if applicable

I hereby declare that the above-mentioned participant and his / her parents / legal guardians / legal caregivers have been informed about the nature, significance, scope and risks of the above-mentioned registry study and have been provided with a copy of the information and this declaration of consent form.

Berlin, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the principal investigator

If you have any questions about the above-mentioned registry study, your responsibilities, your rights as a participant, or if you wish to withdraw your consent, please contact the current responsible contact of the CARE Registry (under the following link: www.chronic-angioedema-registry.com).