UNIVERSITÉ DE GENÈVE
FACULTÉ DE MÉDECINE
Department of Genetic Medicine and Development

scaht
Swiss Centre for Applied Human Toxicology
Schweizerisches Zentrum für Angewandte Humantoxikologie
Centre Suisse de Toxicologie Humaine Appliquée
Centro Svizzero di Tossicologia Umana Applicata

Fondation privée des HUG

Declaration of consent

Written declaration of consent for participation in a research project

- Please read this form carefully.
- Feel free to ask questions if you don't understand something or if you need clarification.

BASEC number of the project : **(After submission to the Ethics Committee)**	
Title of the study :	Sperm quality assessment in Switzerland
Responsible institution :	Médecine Génétique et Développement Centre Médical Universitaire 1, rue Michel Servet 1211 Genève 4
Project location :	Suisse
Director	Professeur Serge NEF
Participant (full name in block letters)	……..
Date of birth : ……/……/……	N° AVS : ……..
Address : ……	Postal code / City : ……...
Cell phone : ……	Attending doctor : ……...

Only one choice please

☐ **Choice 1** : I agree to participate in the full study

☐ **Choice 2** : I agree to participate in the full study, but do not wish to forward the questionnaire to my mother

☐ **Choice 3** : I agree to return only the questionnaire(s) (without any sampling)

☐ **Choice 4** : I am not at all interested in the study.

If you tick point 4, do not return any questionnaires or consent forms to us

I would like to be informed of the results of my analyses. Yes ☐ No ☐

I authorize you to transmit the results, if necessary, to my attending physician. Yes ☐ No ☐

My doctor's contact details: Address :

Phone:

I agree that my samples can be reused later. Yes ☐ No ☐

I agree to be eventually contacted again in 10 years to answer questions about my health, family situation and possible reproductive difficulties. Yes ☐ No ☐

- I declare that I have been informed, orally and in writing, by the undersigned doctor responsible for the project of the objectives and progress of the project as well as the presumed effects, advantages, possible disadvantages and possible risks.
- I am participating in this study on a voluntary basis and accept the content of the information sheet provided to me on the above-mentioned project. I had enough time to make my decision.
- I have received satisfactory answers to the questions I asked in relation to my participation in the project. I keep the information sheet.
- I have the right to inform my attending physician of my participation in the study.
- I agree that the competent specialists of the institution, the project representative, the Ethics Commissions responsible for this study, may consult my raw data in order to carry out controls, provided however that no link can be established with my identity.
- I am aware that my personal data and biological samples may be transmitted in encrypted form, for medical research purposes and also abroad.
- If I were to receive medical treatment outside the institution responsible for this project, I agree that the doctor in charge of the project / project management may contact the attending doctors in order to obtain my relevant medical data for this project.
- I may, at any time and without having to justify myself, revoke my consent to participate in the study, without this having an adverse effect on the continuation of my usual medical care. I know that the medical data and biological materials (blood samples, etc.) that have been collected to date will be analyzed.
- I am informed that the DDPS' civil liability covers any damage that I may suffer only on recruitment days and not outside.
- I am aware that the obligations mentioned in the information sheet for participants must be respected throughout the duration of the study. The study management may exclude me at any time in the interest of my health.

Place, date	Participant's signature

Statement by the investigating doctor :

I hereby certify that I have explained to the participant the nature, importance and scope of the project. I declare that I meet all obligations in relation to this project in accordance with the law in force. If I become aware, at any time during the course of the project, of any factors that may affect the participant's consent to participate in the project, I undertake to inform the participant immediately.

Place, date	Signature of the responsible doctor Dr. med. Eric Stettler

Written declaration of consent for the reuse of (genetic) data and biological samples in coded form

Participant (full name in block letters) :	
Date of birth :	

- I agree that my data and biological material from this project may be reused for medical research purposes in coded form. This means that the data and biological material will be stored in a bio-bank and subsequently exploited for an indefinite period of time in future research projects.
- I give my consent voluntarily and I can revoke my decision at any time. If I change my decision, my data and biological material will be destroyed. I simply have to inform the doctor in charge of the project / project management. I don't have to justify my decision.
- I am aware that my data and biological materials are stored in encrypted form and that the identification list is kept in a safe place. I am aware that data and biological material may be sent for analysis to another bio bank located in Switzerland or abroad, provided that it complies with standards and requirements at least equivalent to Swiss standards and requirements. All legal provisions relating to data protection are respected.
- Generally, data and biological materials are used in a global way and the results are published in a synthetic way. In the event that the data analysis reveals a discovery relevant to my health, the project doctor/project manager will contact me. If I do not wish to be informed, it is my responsibility to inform the doctor in charge of the project / project management.
- I waive any commercial exploitation rights on the biological material collected from me and on my data.

Place, date	Participant's signature

Statement by the investigating doctor :

I hereby certify that I have explained to the participant the nature, importance and extent of the reuse of biological samples and/or genetic data.

Place, date	Dr. Med. Eric Stettler, medical officer Signature

Study number

Stub to cut and keep in order to keep your individual number guaranteeing your anonymity.

Study number