English translation for reference only. The signed Dutch version is the legally valid document.

Informed Consent Form, 100-plus Study

General

- I have been informed to my satisfaction, both in writing and verbally, about the 100-plus Study. I have been given sufficient opportunity to ask questions and to consider my participation.
- My participation is entirely voluntary. I know that I have the right to withdraw my consent to participate in the study at any time, without giving a reason.

Storage and sharing of data and biological material

- I consent to blood being drawn for the purposes of the 100-plus Study, as described in the information brochure.
- I consent to my data and biological material being used for research purposes and stored until they are no longer usable (the maximum storage period is 70 years).
- I am aware that I can no longer withdraw my consent for the use of my genetic material and biological material once these have already been processed in the study.
- I am aware that my data will always be stored in coded form, so that my privacy is safeguarded. I know that some people may have access to my data. These people are listed in the information letter.
- I consent to (the sequence of) my genetic material, my data and my biological material being shared within research collaborations for research purposes. Collaborations may be with scientists at public and/or commercial organizations, both within and outside the European Union, where different rules on the protection of personal data may apply. However, we ensure that your identity remains protected at all times and will not be disclosed to third parties. More information on this can be found in the information brochure.
- I am aware that information about my genetic material cannot be reported back to me individually.
- I give the staff of the 100-plus Study permission to contact me in the future to provide additional data or biological material for scientific research.

Requesting information

- I know that my general practitioner (GP) will be informed of my participation in the 100-plus Study.
- I know that my GP will be informed of any abnormal blood values or if any medical conditions are found.
- I consent to information about my medication and medical history being requested from my GP.
- I consent to information about the cause of my death being requested from my GP after my death.
- I consent to questionnaires being completed by my next of kin and/or caregiver(s).
- I give the staff of the 100-plus Study permission to request my data after my death from Statistics Netherlands (CBS), the official body in the Netherlands that registers causes of death.

I have read and understood the above and agree to participate in the 100-plus Study.

○ Yes ○ No

OPTIONAL: I consent to the generation of induced pluripotent stem cells (iPS cells) from my blood for research purposes, and to their storage. You can read about this in the information brochure.

○ Yes ○ No

Participant name: .....

Signature: .....

Date: ..... / ..... / .....

Optional, if the participant is unable to sign:

○ I, Mr/Ms ....., declare that my (relationship) ....., Mr/Ms ....., has given verbal consent to participate in the 100-plus Study.

Date: ..... / ..... / .....

I declare that I have fully informed this participant about the 100-plus Study.

Name of researcher (or their representative): .....

Signature: .....

Date: ..... / ..... / .....

The participant will receive a copy of the signed consent form.