

**ERACODA**

The ERA-EDTA COVID-19 Database for KRT patients

**OPT-OUT Form**

**Use of medical data**

In the [*name hospital*] we join the ERACODA patient registry to obtain more knowledge about COVID-19 disease by kidney patients. The goal of this is to improve care and treatment for patients with COVID-19 and kidney disease. To do this, we use your medical data. Therefore we adhere to the legislative framework regarding privacy.

**Medical data**

Medical data consists of data which is generated during examinations, diagnostic tests and medical treatments. These data are collected in your health record. Examples of medical data are name of an illness (diagnosis), results from blood tests, used medication, treatment and results of this treatment, results of imaging (X-ray / CT / MRI)

**Privacy**

Your medical data are confidential and part of the patient-doctor confidentiality. Therefore, before we can use your medical data for scientific research, we replace any personal data that could be used to identify you by a code. Without the key to this code, it is not possible to trace the medical information back to you. The key to this code is kept by the coordinating investigator and not accessible for other investigators. Only the coordinating investigator has access to the key in case additional data needs to be collected and/or to check the data quality. If your medical information is registered in other registries also, with the code, we can request additional medical information to make the medical information as complete as possible. We keep your data confidential and conform to the laws governing privacy all the time.

**Objections?**Do you object to the use of your or your relatives medical information for scientific research and want to opt-out? Then please fill in this opt-out form. When you opt-out, we will not use your medical data for the ERACODA registry. This does not affect the medical care you receive in any way.

**Patient *(do fill in only if you want to opt-out)***

Objections: *I do not want that my medical information is used for the ERACODA registration for research into COVID-19 in kidney disease patients.*

Name and initials: ………………………………………………………………………………………………………….

Date of birth: .…………………………………………………………………………………………………………

Place: ………………………………………………………………………………………………………….

Date: ………………………………………………………………………………………………………….

Signature: ………………………………………………………………………………………………………….
 *(If you fill in this form in the name of the patient, leave blank)*

*If you would prefer, you can ask for a confirmation of your opt-out decision by sending an email to [mail address]*

**If you fill out this form as a representative to a patient who is him/herself unable to do so, please fill in also your own data below:**

Name and initials: …………………………………………………………………………………………………………

Relation to the patient: ………………………………………………………………………………………………………….

Place: ………………………………………………………………………………………………………….

Date: ………………………………………………………………………………………………………....

Signature: ………………………………………………………………………………………………………….