

**GestaltMatcher Research Study and GestaltMatcher Database**  
**Consent form**

**Study participant:**

Last Name:  
First Name:  
Date of birth:

I have read the study information material about GestaltMatcher, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked were answered to my satisfaction. I voluntarily consent [for my child; for the person legally represented by me] to participate in this research. I have been informed that I may withdraw my consent at any time and without giving any reason. In the event of withdrawal of consent, all attributable data will be deleted and this decision will not negatively affect me in any way.

I consent for these photographs and data to be stored in the GestaltMatcher Database (GMDB) and be used for artificial intelligence (AI) training purposes.

In addition, please tick applicable items:

1) I consent to access to the photographs and non-personal data in the GMDB by medical professionals from other institutions. This allows the data to be used by other institutions for similarity comparisons of their patients and for training artificial intelligence algorithms. Although these photos are used without identifying information, such as my name, I understand that someone may recognize me.

Yes  / No

2) I agree that photographs of me or my child, published in GMDB may be used for teaching and educational purposes. This includes medical student and resident physicians.

Yes  / No

3) I agree that my images and data may additionally be published in anonymized form in a scientific journal. My personal data are thereby subject to the Data Protection Act.

Yes  / No  / I would like to be contacted again for this if necessary

This study may be followed by follow-up scientific studies. I agree to be contacted again for follow-up scientific studies, if necessary:

Yes  / No

In case of consent to be recontacted for journal publication or scientific follow-up, please leave your contact information:

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Place, date

Signature of patient and / or guardian or legal representative.

If applicable, in case of shared custody:

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Place, date

Signature of legal guardian(s)

I hereby declare that I have informed the above-mentioned study participant verbally and in writing about the nature, significance, scope and risks of the above-mentioned study and have given him/her a copy of the information and this consent form.

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Place, date                      Signature of the study doctor providing the information

If you have any further questions, please contact us at [info@gestaltmatcher.org](mailto:info@gestaltmatcher.org).

Prof. Dr. med. Peter Krawitz  
Head of the Institute for Genomic Statistics and Bioinformatics  
Chairman of the Association for Genetic Diagnostics e.V.  
University Hospital Bonn  
Rheinische Friedrich-Wilhelms-University Bonn  
Venusberg Campus 1  
53127 Bonn  
web: <http://www.igsb.uni-bonn.de>