

## Consent EHS Hernia Prevention Registry

Registration of all patients with an abdominal surgery Focussing on abdominal wall closure and the prevention of incisional hernias

Patient ID label/sticker

I have been informed by the patient information "Patient Information EHS Hernia Prevention Registry" as well as by a detailed educational discussion with my attending/informing physician,

## NAME and signature of attending/informing physician

And I have been adequately informed about the goals of general data collection in patients after abdominal surgery.

I have been able to discuss all questions that have arisen with my attending/informing physician and have no further questions.

I agree that my collected treatment and follow-up data, or the data of the patient for whom I am the legally appointed caregiver, will be entered into a central database at https://ehsprevention.com/, where my treating hospital can only view them. Additionally, I agree that my data may be used for scientific evaluation in an anonymous form by the scientific advisory board of the Hernia Prevention Registry, without it being possible to identify me personally. The data will be treated confidentially.

Furthermore, I agree that I might be contacted or called by the treating hospital for follow-up assessments according to the standard schedule of my treating surgical center.

I hereby expressly consent to the collection and processing of my data or the data of the patient for whom I provide legal care. I have noted that I have the right to information, correct incorrect data, and delete or block my data.



Furthermore,I have the right to withdraw my consent for collecting and using my data at any time. The revocation can be made in writing or verbally at any time. All data will be deleted at the earliest possible time in the event of withdrawal.

I have received, read, and understood a copy of the patient information and consent form.	
City, date	Patient's signature
	or legal representative