Subject information sheet
COMPaRE

Supplementary 1: Subject informed consent form

"The reuse of catheters in patients who catheterize intermittently"

- I have read the information sheet. I was able to ask questions. My questions have been answered well enough. I had enough time to decide if I want to participate.
- I know that taking part is voluntary. I also know that I can decide at any time not to participate or to stop the study. I do not have to explain why.
- I give consent to inform the general practitioner/specialist(s) who treats me that I am participating in this study and that I will potentially use a reusable catheter.
- I give consent to request information from my general practitioner/specialist(s) about the results from urine analysis and side effects.
- I give consent to request information from the laboratory where the urine analyses were performed.
- I give consent to collect and use my data and body material to answer the research question of this study.
- I know that for the monitoring of this research some people can get access to all my data. These people are listed in this information sheet. I give consent for access by these people.

- I give consent to keep my personal information for a period of 15 years and to use it for future research in the field of my condition and/or the investigated treatment method.

  □ **Yes**

  □ **No**

- I give consent to have my body material stored after this study for use in other research, as stated in the information sheet.

  □ **Yes**

  □ **No**

- I give consent to ask me after this study if I want to participate in a follow-up study.

  □ **Yes**

  □ **No**

- I want to participate in this study.

Name of the subject:

Signature: Date : __ / __ / __

I declare that I have fully informed this subject about the above study.

If any information becomes known during the study that could influence the subject's consent, I will let them know in good time.

Investigator name (or their representative):
Signature: Date: __ / __ / __

Additional information was given by:
Name:
Job title:
Signature: Date: __ / __ / __

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* Delete what is not applicable.

The subject will receive a complete information sheet, together with a signed version of the consent form.