

Information on faecal microbiota transplantation (FMT)

Centre for faecal microbiota transplantation (CEFTA)



Consent to the transfer of information to a database

You have agreed with your physician to receive treatment with faecal microbiota transplantation (FMT). We wish to ensure high quality in your diagnostic workup and treatment, for your benefit and for the benefit of other patients. To register the quality and safety of the treatment, we need your consent. Therefore, we ask you to sign this form to give your consent for participation in the FMT database.

Purpose

The purpose of the database is to gain a better understanding of how FMT works and to study its long-term effects. This purpose is fulfilled through quality assurance and research, for which we may contact you regarding your participation, to the extent that it is relevant.

Safe handling of your health information

Selected staff members involved in your treatment will, upon your consent, ensure that only information related to your bowel disease and treatment is transferred to the database. Only researchers affiliated with the treatment will have access to the database. The data will be stored confidentially and in accordance with applicable data protection legislation. The FMT database is registered with and approved by the relevant and legally required authorities.

When health information is shared with public authorities, Danish or international registries, your personal data will not be identifiable. The sole purpose is to ensure the quality and safety of the treatment. All research projects are approved by the Regional Scientific Ethical Committee.

The treatment

You will receive separate written information about the treatment. This includes how the treatment is performed, the expected outcomes, and any potential side effects. It also explains how we select and screen healthy faecal donors for FMT.

We would like permission to access your medical record for up to two years after your treatment has ended. The purpose of this is to investigate any potential long-term effects of the treatment. If we become aware that the treatment may pose any risk to you, we will contact you.

Person responsible for the treatment

Clinical Professor, Chief Physician, PhD Christian Lodberg Hvas

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CEFTA

Name and cpr

“I hereby give written consent to the disclosure of my bowel-related health information to the FMT database under the Department of Hepatology, Gastroenterology and Internal Medicine, Aarhus University Hospital.

I confirm that, after receiving the above written information, I am sufficiently informed about the purpose, benefits, and potential drawbacks to give this consent to the disclosure of my bowel-related health information to the FMT database.

I understand that participation is voluntary, and that I may withdraw my consent at any time, after which my data will be deleted, without affecting my current or future treatment options.”

You are entitled to time for consideration before signing this consent form.
Information about your health is confidential and will only be accessible to doctors and nurses involved in your treatment. If data is disclosed, it will always be anonymized.
Storage of your treatment-related health information will comply with data protection and healthcare legislation.

Date

Signature (patient)

Responsible physician:

Name (responsible physician)

Date

Signature (responsible physician)