HELSE BERGEN Haukeland universitetssjukehus	SOReg - Samtykkeskjema - engelsk			
Kategori: Pasientbehandling	Gyldig fra/til:01.11.2024/01.11.2025			
Organisatorisk plassering: Helse Bergen HF/Laboratorieklinikken/Avd. for medisinsk biokjemi og				
farmakologi	Versjon: 1.01			
Godkjenner: Hege Hoff Skavøy		Skjema		
Dok. ansvarlig: Villy Våge	Dok.id: D79122			

# Request for registration with the Scandinavian Obesity Surgery Registry – Norway (SOReg-N)

### **Background and purpose**

We are asking for your consent to include you in the Scandinavian Obesity Surgery Registry – Norway (SOReg-N). The purpose of SOReg-N is to improve the quality of treatment for patients undergoing obesity surgery. By comparing the treatment and follow-up given to a large number of patients, the registry can provide a comprehensive picture of any changes in symptoms and blood values before and after an operation and of complications and side-effects of the treatment. This allows us to gain an overview of the long-term effects and quality of this treatment.

Inclusion in the Scandinavian Obesity Surgery Registry – Norway is voluntary. This means that you must sign a written consent form before we can include you in the registry.

## The registry will hold the following information about you:

Your registry entry will contain your name, 11-digit national identification number, information about diagnoses and administered treatments. Other information held may include your socio-economic status, medication, blood values and the results of any urine tests. The information will be collected before your operation and when attending ordinary check-ups after your operation. You will also be asked questions regarding health-related quality of life issues before and after surgery, and your experiences as a patient in relation to follow-up with the healthcare system after the operation.

Helse Bergen HF is the registry's data controller. Your personal data is registered electronically and protected against unauthorised access.

The registry is licensed by the Norwegian Data Protection Authority, and the information is stored in compliance with the relevant permits. All the collected data is treated in confidence, and everyone working with the data must observe confidentiality in respect of the information they become party to.

## Right of access, changes and deletion of personal data

You may request a copy of the information being held about you at any time, and you are entitled to have any errors in the register data corrected. You may at any time request your personal data to be deleted from the registry without having to give a reason. Deleting your personal data does not mean your data will be removed from anonymised research files that have already been used for research.

It will not have any bearing on your treatment if you choose not to register or if you decide to withdraw your consent at a later date.

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**Disclosure of data** from the registry may be made to scientists and to a Nordic and possibly a European obesity surgery registry, but then only in the form of an disidentified summary. This means that all your information will be processed without your name, national identity number and other directly identifiable data. A code links you to your personal data and tests via a name register. Only authorised personnel associated with the registry have access to the name register and can identify you.

Following your operation, if you are followed up in a different hospital than the one where you had your operation, the registry will issue a reminder to register your follow-up information to the hospital in charge of collecting information for the registry after your operation. This reminder is not anonymised and will identify you by name.

For research purposes it may be relevant to collate information from the registry with other data from the hospital's patient records and from the following other registers: Norwegian Patient Registry, Cause of Death Registry, Norwegian Prescription Database, Medical Birth Registry, Cancer Registry of Norway and Statistics Norway. Checks against the Norwegian Patient Registry and the Norwegian Prescription Database will be performed regularly to measure coverage and validity.

Annual national reports will be produced by the registry. The results will be published at medical conferences and in national and international medical journals. Results based on analyses of the registry cannot be traced back to individual patients.

All research projects must obtain advance approval from the Regional Committee for Medical and Health Research Ethics (REC) and other public agencies as required by law. Once a project has been approved, you can find more information about it on the SOReg-N website:

#### http://www.helse-bergen.no/soreg

Registry co-ordinator / contact person: Scandinavian Obesity Surgery Registry – Norway, Villy Våge, Helse Bergen, PB 1400, 5021 Bergen. Tel: (+47) 90863744. Email: villy.vage@helse-bergen.no

# SOReg - Samtykkeskjema - engelsk

Versjon: 1.01

Consent form  - Patients older than 16						
– Patients	older than 16					
Registry:			Project number:			
Scandinavi						
Name of registry co-ordinator: Clinic/department:						
Villy Våge Helse Bergen HF						
I have read	I have read the information letter "Request for registration with the Scandinavian Obesity					
	egistry – Norway" and have familiarized myse	· ·	•			
	sonal data will be registered, where the data					
-	and what my rights are with regard to acces	s, changes and delet	ion of data			
contained	in the registry.					
	e that personal data will be obtained from m					
only be us	ed for quality assurance of treatments and fo	or research into obes	sity.			
l boroby or	ancont to information about me being includ	ad in CODag N and f	or this information			
	onsent to information about me being includ for quality assurance and research into obe	_	or this information			
to be useu	Tor quality assurance and research into obe	Sity.				
Name (in block	capitals):	National identity numb	er (11 digits):			
,		,	, , ,			
Date	Signature					
To be some	wlated by a vaciative vacuation					
To be completed by a registry representative						
L confirm t	hat I have provided information about SORe	σ-N				
Committee	nat i nave provided information about 30ke	g-iv.				
Name (in block capitals):						
Date	Signature					
Additional comments:						
Additional comments.						

Visitors' address: Haukeland University Hospital, Lower Ground Floor, Armauer Hanssens Hus, Haukelandsveien 28 Postal address: Scandinavian Obesity Surgery Registry – Norway, Helse Bergen, Postboks 1400, 5021 Bergen Telephone (+47) 55974555, Email: soreg-norge@helse-bergen.no
Business registration no.: NO 983974724 mva. Website: <a href="http://www.helse-bergen.no/soreg">http://www.helse-bergen.no/soreg</a>

# SOReg - Samtykkeskjema - engelsk

Versjon: 1.01

Consent form – Children aged between 12 and 16						
Registry:			Project number			
Scandinavian Obesity Surgery Registry – Norway (SOReg-N)						
Name of registry co-ordinator: Clinic/department:			Helse Bergen HF			
Villy Våge	Villy Våge					
On behalf of the child, I have read and informed the child of the information letter "Request						
for registration with the Scandinavian Obesity Surgery Registry – Norway" and have						
	d myself with the purpose of the registry, w	•	•			
	data is taken from, how the data will be dis		_			
with regar	d to access, changes and deletion of data co	ntained in the regist	ry.			
	data and test results will only be used for qu	ality assurance of tre	eatments and for			
research ir	nto obesity.					
On babalf	of the child I hereby concept to information	s about the shild bein	ag included in			
	of the child, I hereby consent to informatior and for this information to be used for qualit		_			
	ild (in block capitals)	National identity number				
	` ' '	,	, ,			
Date	Parent/guardian's signature		Role			
Date	Palent/guardian's Signature		(mother/father/guardian)			
To be com	pleted by a registry representative					
	hat I have provided information about SORe	g-N.				
Name in block of	· · · · · · · · · · · · · · · · · · ·					
	I a.					
Date	Signature					
Additional comments:						

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