

## INFORMED CONSENT FOR ENROLMENT OF AN ADULT

- I hereby confirm that I have been informed about the nature, conduct, benefits, and risks of the study titled “Implementation of COVID-19 Point-of-Care diagnostics—knowledge, attitudes, and perceptions among healthcare professionals in Germany”
- I have read and understood the above written information (**participant information sheet** and **Informed Consent for enrolment** into the study).
- **I have been informed and I voluntarily agree that data about me collected and / or resulting from this study, may be stored and processed for the purposes described in the information sheet, analyzed and evaluated in anonymized form and shared among study staff and if applicable, among study collaborators in cooperating institutions (ex: Universities/University hospitals) and possibly, also to countries with lower data protection requirements than in the European Union in anonymized form. Third parties will not have access to identifiable data. No identifiable data will be collected.**
- **Data collected and / or resulting from this study may be processed into a scientific report that will not identify me as a study participant. Study data will be stored in anonymized form for a period of 5 years.**
- **I understand that participation in this study is voluntary, and I may, at any stage, without prejudice, withdraw my consent and participation in the study by not submitting my survey answers. The legitimacy of data processing up to the timepoint of withdrawal will not be affected. Because no identifying information will be collected that could allow study investigators to specifically identify me, I understand that my survey responses cannot be deleted or changed once I submit my survey.**
- **I understand that all study investigators and study staff / study collaborators are subject to strict confidentiality rules and that information collected from me and / or resulting from this study will be stored in a secure database or location.**
- I declare myself prepared to participate in this study.
- I have read this consent form, and all my questions have been answered to my satisfaction. By completing and submitting the online survey, I confirm that I agree to participate in this study.
- I have had the opportunity to download the information sheet and the informed consent form.
- **I hereby confirm that I fulfil the study’s eligibility criteria and declare that I am:**
  - ☐ At least 18 years old
  - ☐ Employed in Germany at the time of the study
  - ☐ Working as a non-laboratory healthcare professional in at least one of the fields of oncology, hematology, nephrology, pediatrics, emergency medicine or geriatrics
  - ☐ Able to give fully informed consent
  - ☐ Able to answer the survey questions without assistance

Only after you indicate you meet these criteria and would like to take the survey, click the button below to start.