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**Informed Consent form**

*MEDIASTinal staging of non-small cell lung cancer by endobronchial and endoscopic ultrasonography with or without additional surgical mediastinoscopy (MEDIASTrial)*

The undersigned declares to participate in the MEDIASTrial and approves the following conditions:

* A computer will determine whether you undergo a mediastinoscopy or you directly undergo an anatomical lung resection. I understand the risk of complications of both strategies.
* I have been given an opportunity to ask whatever questions I may have had and all such questions in inquiries have been answered to my satisfaction.
* I have been offered enough to time to think about participation in this trial.
* Participation in this research is entirely voluntary. It is my choice whether to participate or not. I may change my mind later and stop participating even if I agreed earlier.
* I give permission to inform my general practitioner about this participation.
* I give permission to store my medical files and tissue for 15 years, according to the Dutch law.
* I give permission to anonymously use my medical files for further research.
* I give permission to the principal investigator to inquire me for further research after completion of this trial. I decide wether or not to participate after a new informed consent procedure.
* I give permission to “Integraal Kanker Centrum Nederland (IKNL)” to forward the questionnaires using the contact information on the next page.
* I undersign this informed consent form voluntarily.

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**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  male [ ]  female

**Prename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to complete the questionnaires:**

[ ]  Digital:

e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Paper:

Postal Adress: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned **medical doctor** declares to have completely informed the participant about this trial according to the ‘informed consent’ procedure:

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**