**Consent form (according to § 4 and § 6 of the doctorate regulations for the Medical Faculties of the University of Heidelberg to achieve the degree of Doctor of Medicine or Dentistry)**

**Dissertation at external institutions**

**Regarding: Dissertation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I agree, that the above-named doctoral student performs his / her scientific work within the scope of his / her dissertation at the Medical Faculty Heidelbergat my institution(§ 4).
2. I agree, that the above-named doctoral student uses and publishes data generated in my laboratory in his / her dissertation at the Medical Faculty Heidelberg (§ 6).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of principal investigator Signature

 Stamp of the institute