**Consent form (according to § 4 (9) and § 6 (5) of the Doctorate Regulations for the degree of *Doctor scientiarum humanarum* (Dr. sc. hum.) in the Medical Faculties of the University of Heidelberg**

**Dissertation at an external institution**

**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 department head Signature

Stamp of the institute