

The Health Research Ethics Committee

Informed consent to participate in health research.

Title: Enhanced COPD Management in Suspected Lung Cancer Patients

Declaration from the participant::

I have received both written and oral information, and I know enough about the purpose, method, advantages, and disadvantages to agree to participate.

I understand that participation is voluntary and that I may withdraw my consent at any time without losing my current or future rights to treatment.

I give my consent to participate in the research project and have received a copy of this consent form as well as a copy of the written information about the project for my own use.

Name of the participant: _____

Date: _____ Signature: _____

Telephone number.: _____

If new significant health information about you emerges during the research project, you will be informed. If you wish to decline receiving information about new significant health findings that may arise during the research project, please indicate this here: _____ (place an x)

Do you wish to be informed about the results of the research project and any possible implications for you?:

Yes _____ (place an x) No _____ (place an x)

Declaration by the person providing the information:

I declare that the participant has received both oral and written information about the trial.

In my opinion, sufficient information has been provided for a decision to be made regarding participation in the trial.

Name of the person providing the information:

Date: _____ Signature: _____

Project identification: S-20250091, 09/03-2026