Appendix No. 3 to the Application - Template of the Informed Consent Form for Participants in a Medical Experiment / Scientific Study

Date: 01/August/2026

PARTICIPANT'S DECLARATION
INFORMED CONSENT TO PARTICIPATE IN THE STUDY

Participant's Full Name[1]: ……..……

Addres: ……..…….

Age: ……..……..

Full Name of the Legal Representative (if applicable)[2]: ……

Principal Investigator (PI), Head of the Non-Medical Part of the Study and Study Coordinator (in the order listed below): Professor Cezary Kucio, MD, PhD, DSc, Associate Professor Anna Polak, PT, PhD, Violetta Dytko, MSc

PI Contact Telephone Number: (+48) 601873608.

Study title: "Comparative Assessment of the Effectiveness and Costs of Pressure Ulcer Treatment and the Quality of Life of Patients with Pressure Ulcers Receiving Home-Based and Institutional Care"

I hereby declare that I have been informed by: ……..…..……

1. I have been informed about the purpose of the study and the procedures to be carried out. I have had the opportunity to ask questions to the investigator conducting the medical experiment/scientific study that is not a medical experiment, and I have received satisfactory answers to all of my questions. I understand the nature of the study and the purpose for which my informed consent is required.
2. I have read the **Participant Information Sheet** of which I received one copy.
3. I have been informed about the potential risks associated with participation in this research project and understand that I may refuse to participate or withdraw my consent at any time, including during the course of the study, without providing any reason.

Accordingly, I voluntarily consent to participate in this medical experiment/scientific study.

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[1] As a rule, a medical experiment or a scientific study that is not a medical experiment may be conducted only after obtaining the informed consent of the participant or of a person who may be directly affected by the consequences of the medical experiment/scientific study, pursuant to Article 25 et seq. of the Polish Act on the Professions of Physician and Dentist.

[2] In the case of a participant who is a minor under 13 years of age, consent shall be provided by the participant's legal representative. In the case of a participant aged 13 years or older, consent is required from both the participant and the participant's legal representative.

Participant's Comments: ……..……..…

……...…

Study Participant	Full name:	Signature and date:

Confirmation of Information Provided and Received

Principal Investigator	Full name:	Signature and date
Medical Part of the Study	Professor Cezary Kucio, MD, PhD, DSc	
Non-Medical Part of the Study	Associate Professor Anna Polak, PT, PhD	