

Informed consent 29/07/2019

**to participate in “Sarcopenia in acute care patients: Protocol
for the European Collaboration of Geriatric Surveys:
Sarcopenia 9+ EAMA project”**

Mr. / Ms.

National Identity Card #

☐ I have read the information page I was given.

☐ I have been able to ask my questions about the study.

☐ I have spoken with Dr*
*(*to be completed by the doctor who signs the consent form)*

☐ I understand that my participation is voluntary.

☐ I understand that I can withdraw from the study at any time I want, without having to give any reason and without causing any repercussions for my medical care or health care services.

☐ I agree to participate in the study.

☐ I agree to be contacted in the upcoming months/years for eventual follow-up.

☐ I agree that my clinical reports will be checked in the upcoming months/years for eventual follow-up.

Signed, Signed, Dr.....

In,th,, 20.....