

Official title: Polyp Prophylactic Properties of
Polyacetylenes in Patients With Previous
Polypectomy

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Appendix 5

(S1)

Informed Consent for Participation in a Health Science Research Project

Title of the Research Project: Polyp Prophylactic Properties of Polyacetylenes in Patients With Previous Polypectomy

Declaration by the Participant:

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

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

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

Participant's Name: _____

Date: _____ Signature: _____

Would you like to be informed about the results of the research project and any potential consequences for you?:

Yes _____ (tick) No _____ (tick)

Declaration by the Informer:

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

To the best of my knowledge, sufficient information has been provided to make a decision about participation in the study.

Name of the Informer: _____

Date: _____ Signature: _____

Registration Number Scientific Ethics Committee: 105989 / 07.09.2023