

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

**Identifier:** NCT06335420

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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  No

**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: \_\_\_\_\_