FACULDADE DE MEDICINA DE SÃO JOSÉ DO RIO PRETO – FAMERP
Av. Brigadeiro Faria Lima, 5416 – Vila São Pedro, ZIP Code: 15090-000 – São José do Rio Preto – SP, Brazil

INFORMED CONSENT FORM (ICF)

1. Invitation to participate

You are being invited to voluntarily participate in the study "Correlation between carotid–femoral pulse wave velocity parameters and triglyceride–glucose indices and their derived metrics."

2. Purpose of the study

To evaluate the relationship between arterial stiffness, metabolism, and morning blood pressure.

3. How will your participation take place?

If you agree to participate in the study, information from your routine clinical evaluation will be collected, and procedures that are part of standard blood pressure investigation will be performed. Your participation will include:

• Clinical data collection: information such as age, sex, health history, and cardiovascular risk factors may be recorded based on your evaluation.

• Anthropometric measurements: your weight, height, and waist circumference will be measured.

• Blood pressure measurement: performed by a trained professional using a validated automatic device. • Arterial stiffness assessment: measurement of carotid–femoral pulse wave velocity, with sensors positioned on the neck and groin, with an approximate duration of 10 minutes.

• Ambulatory blood pressure monitoring (ABPM): an automatic device will be placed for 24 hours to measure blood pressure during the day and during sleep.

• Laboratory tests: results from routine tests (glucose and triglycerides) will be used, which were requested by the attending physician at the time of referral for ABPM.

No additional tests will be requested exclusively for the research. All procedures will be performed in a single visit, except for ABPM, which will remain in place for 24 hours.

4. Risks

Minimal risks, including discomfort related to ambulatory blood pressure monitoring (ABPM).

5. Benefits

No direct benefit is guaranteed.

6. Data confidentiality

Confidentiality of data will be ensured.

7. Voluntary participation

You can quit at any time.

This document must be issued in duplicate, one copy for the participant and one for the researcher.

Participant's signature	Date	Researcher's signature	Date

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Principal Investigator: Name: Email: vilelamartin@uol.com.br ; Phone: +55 (17) 3201-5727. Address: Faculdade de Medicina de São José do Rio Preto – FAMERP. Av. Brigadeiro Faria Lima, 5416 – Vila São Pedro, ZIP Code: 15090-000 – São José do Rio Preto, SP, Brazil

If you have any questions regarding this document, please contact the Research Ethics Committee of the Faculdade de Medicina de São José do Rio Preto (SP) by phone at +55 (17) 3201-5813, by email at cepfamerp@famerp.br, or at the following address: Av. Brigadeiro Faria Lima, 5416 – Vila São Pedro, ZIP Code: 15090-000 – São José do Rio Preto, SP, Brazil, from Monday to Friday, from 07:00 to 16:00. Research Ethics Committees are collegiate bodies established to protect the interests of research participants, ensuring their integrity and dignity, and to contribute to the development of research in accordance with ethical standards.

FREE AND INFORMED CONSENT, AFTER EXPLANATION

STUDY TITLE: "Correlation between carotid–femoral pulse wave velocity parameters and triglyceride–glucose indices and their derived metrics."

I, _____, have read and/or been informed of the explanation above and understand the purpose of the study and the procedures to which I will be subjected. The explanation I received has clarified the risks and benefits of the study. I understand that I am free to withdraw my participation at any time, without providing any reason, and that this will not affect the care I am receiving. I am aware that my name will not be disclosed, that I will not incur any expenses, and that I will not receive any financial compensation for participating in the study. I understand that, in the event of any harm related to the research, I will receive full, immediate, and free assistance for as long as necessary. I agree to participate in the study **"Correlation between carotid–femoral pulse wave velocity parameters and triglyceride–glucose indices and their derived metrics,"** and I will receive a signed copy of this document.

São José do Rio Preto, .../ ...../.....

_____ _____

research participant/legal guardian researcher

This document must be issued in duplicate, one copy for the participant and one for the researcher.

Participant's signature	Date	Researcher's signature	Date