

## **Patient Consent Form**

Study Title:

**Pilot study for the clinical validation of a Computer-Aided Diagnosis (CAD) system with artificial intelligence algorithms for continuous and remote monitoring of the severity of the patient's condition in an objective and stable manner.**

I, (name and surname of the participant),

- Have read the information sheet provided to me about the study.
- Have had the opportunity to ask questions about the study.
- Have received sufficient information about the study.
- Have spoken with: (name of the investigator).
- Understand that my participation is voluntary.
- Understand that I may withdraw from the study:
  - At any time.
  - Without providing an explanation.
  - Without any impact on my medical care.
- Freely give my consent to participate in the study.

Participant's Signature

Investigator's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to be informed of any research findings that may be relevant to my health:

☐ YES      ☐ NO

Participant's Signature

Investigator's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_