

Informed consent for participation in a health science research project.

Title of the research project: ASSESSMENT OF DIAPHRAGM FUNCTION. A METHOD STUDY AND A CLINICAL STUDY.

May 15. 2019.

Statement from the subject:

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

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

I give my 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.

Subject's name: \_\_\_\_\_

Date Signature: \_\_\_\_\_

Do you want to be informed about the results of the research project and any consequences for you?:

Yes \_\_\_\_\_ (set x) No \_\_\_\_\_ (set x)

Declaration by the person providing the information:

I declare that the subject has received oral and written information about the experiment.

In my opinion, sufficient information has been provided for a decision to be made regarding participation in the trial.

The name of the person who submitted the information:

Date Signature: \_\_\_\_\_