



Klinika Położnictwa, Perinatologii i Neonatologii CMKP

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28.02.2022

Comparison of the Efficacy of Emergency Two-level and Single Cervical Cerclage in  
Cervical Insufficiency in the Second Trimester of Pregnancy - Multicenter Prospective  
Randomized Trial  
Cervical Occlusion Two-level Stitch Application (COSA)

Study Protocol and Statistical Analysis Plan  
Unique Protocol ID: nr 5/2024  
7.04.2024

DECLARATION OF CONSENT TO PARTICIPATE IN A MEDICAL EXPERIMENT

Head of the experiment: Dr hab. n. med. Katarzyna Kosińska-Kaczyńska, prof. CMKP

**Name and surname:**

.....  
.....

I hereby certify that: 1. I am an adult and I am completely incapacitated.

2. I was informed by ..... (first name and surname of the researcher conducting an experiment) about the experiment, in particular about its assumptions, goals, protocol and methodology, as well as the expected benefits and risks associated with participation in this experiment, and that I received comprehensive information on this experiment. I declare that I have understood the above information regarding the described medical experiment.

3. I have been informed that participation in the medical experiment is voluntary.

4. I have been informed that I may withdraw my consent from this ] experiment at any time, without giving reasons, and my decision will not result in any penalties or loss of any other rights.

5. I certify that I have received comprehensive and satisfactory answers to the questions asked. I have been informed that if I will have any questions or doubts during the experiment, I can address them to the researcher or members of the research team.

6. I voluntarily agree to participate in the medical experiment.

.....  
Date

.....  
Signature

