

## INFORMED CONSENT FORM

**Study Number: FIS-2020-02**

Protocol version: 1.0

Date: 08.07.2020

Research title: Using the App as a guide to lumbopelvic stability exercises in patients with chronic stroke: a pilot study of a randomized clinical trial

I, Mr./Mrs. : .....

- I have received verbal information about the study and have read the attached written information, of which I have received a copy.
- I have understood what has been explained to me.
- I have been able to make comments about the study and ask questions to the professional in charge.
- I give my consent to take part in the study and I assume that my participation is completely voluntary.
- I understand that I may withdraw at any time without affecting my future medical care.

By signing this informed consent form, I give my consent so that my personal data can be used as described in this consent form, which complies with the provisions of Organic Law 3/2018, of December 5, Protection of Personal Data and guarantee of digital rights

I understand that I will receive a copy of this informed consent form.

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Signature of the patient or the patient  
ID number

Signature Date

#### STATEMENT OF THE INVESTIGATOR OR INVESTIGATOR

The patient or patient who signs this consent form has received, from the professional, detailed information in oral and written form of the process and nature of this research study, and has had the opportunity to ask any questions regarding the nature, the risks and benefits of participating in this study.

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Signature of the researcher  
Name:

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Fecha de la firma