INFORMED CONSENT

NCT05825755

2024/01/04

Participant Consent

Research title:

"Randomized multicenter study for the validation of the HumanITcare platform." Protocol code: FOLLOWHEALTH-2023-02 *(Version 2, 06/13/2023).* Center:

They, _____

- I have read the information sheet that has been given to me about the

investigation. - I have been able to ask questions about the investigation.

- I have received sufficient information about the investigation.

- I have spoken with: *(name of researcher)*

- I understand that my participation is voluntary.

- I understand that I can withdraw from the research:

  - Whenever you want.

  - Without having to give explanations.

  - Without this affecting my medical care.

- In accordance with the provisions of Regulation EU 2016/679 of the European Parliament and of the Council of April 26, 2016 regarding the protection of natural persons with regard to the processing of personal data and the free circulation of data, I declare that I have been informed of the existence of a file or processing of personal data, the purpose of its collection and the recipients of the information.

- I freely give my consent to participate in the research. Signature of

participant Signature of researcher

Date: ____/____/____ Date: ____/____/____

I want you to communicate to me the information derived from the research that may be relevant to my health:

☐ AND ☐ NO

Signature of Participant Signature of Investigator Date: ____/____/____ Date:

____/____/____

Revocation of consent:

The undersigned patient revokes the consent granted to the doctor Dr. _____ for his participation in the “Randomized multicenter study for the validation of the HumanITcare platform.”

Participant's Signature Physician's Signature

Date: ____/____/____ Date: ____/____/____