Version 5
21.09.25

Informed consent for participation in a health research project.

Title of the research project: Unilateral vs. bilateral lung volume reduction surgery

Declaration by the subject:

I have received written and verbal information, and I know enough about the purpose, method, benefits, and disadvantages to say yes to participating.

I know that it is **voluntary to participate** 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 as well as a copy of the written information about the project for my own use.

Subject's name: _____

Date: _____ Signature: _____

If new significant health information about you emerges during the research project, you will be informed. If you wish to **decline** information about new significant health information that emerges during the research project, please mark here: _____ (mark with x)

Do you wish to be informed about the research project's results as well as any consequences for you?

Yes _____ (mark with x) No _____ (mark with x)

Declaration by the person providing the information:

I declare that the subject has received verbal and written information about the trial.
To the best of my belief, sufficient information has been given for a decision on participation in the trial to be made.

Name of the person providing the information: _____

Date: _____ Signature: _____

Project Identification:

Further questions about the study should be directed to:
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