

INTEGRATING HEPATOLOGICAL, NUTRITIONAL, AND  
COGNITIVE BEHAVIORAL THERAPY-BASED PSYCHOLOGICAL  
SUPPORT IS AN EFFECTIVE MULTIDISCIPLINARY APPROACH TO  
IMPROVE LONG-TERM CLINICAL OUTCOMES IN THE  
MANAGEMENT OF MASLD PATIENTS: A RANDOMIZED  
CLINICAL TRIAL [THE "COCONUT" STUDY]

**Informed consent form**

**Version approved, 31 May 2023**

## INFORMED CONSENT FORM FOR THE STUDY

<b>Brief title of the study</b>	Integrating hepatological, nutritional, and psychological support as a multidisciplinary management to improve long-term clinical outcomes in MASLD
<b>ACRONYM</b>	<b>CoCoNut</b>

The undersigned \_\_\_\_\_

Born on \_\_\_\_\_ to \_\_\_\_\_ resident in \_\_\_\_\_

### **Participant Declaration:**

*I have received detailed and understandable explanations regarding the proposed study. I have read and understood all the information contained in the information leaflet. I have had the opportunity to speak with the doctor and ask all the necessary questions. I am satisfied with the answers I received. I have had sufficient time to reflect on the invitation and make a decision. I understand that I can withdraw my consent at any time (verbally or in writing) without providing any reason and without this impacting my usual healthcare.*

*I have received a copy of the study information, the informed consent form, the privacy policy, and the consent to the processing of personal data. The originals are kept at the center.*

*I received the information letter from the practice to forward to my doctor.*

**I declare that I am voluntarily willing to participate in the above-mentioned study, therefore:**

**I consent to the processing of my demographic, clinical, anthropometric and therapeutic data**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the doctor who informed the patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the participant's legal representative/guardian  
(only in case of patient inability)