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STUDY DOCUMENT COVER PAGE

Official Title of the Study
"Local and systemic immune and inflammatory protective mechanisms and risk factors in the progression of carotid artery stenosis and aortic aneurysm"

ClinicalTrials.gov Identifier (NCT Number)
Not yet assigned

Type of Document
Patient Informed Consent Form

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Patient Declaration on Participation in the Research Study Titled 'Local and Systemic Immune - and Inflammatory Protective Mechanisms and Risk Factors in the Progression of Carotid Artery Stenosis and Aortic Aneurysm'

I hereby consent to participate in

I, the undersigned, …… (patient's name), hereby declare that with regard to the clinical investigation conducted by ……Dr. …..(physician's name) at the Department of Vascular Surgery and Endovascular Therapy, Városmajor Heart and Vascular Clinic, I have received sufficient and detailed information concerning the microbiome-related study. I have understood that I could ask my questions and that I received satisfactory answers. I certify that I have had sufficient time to read and comprehend the above information. I hereby declare my intention to participate in the study. I have made this decision freely and voluntarily, without any coercion. I understand that I may withdraw my consent at any time freely, without any adverse consequences. I acknowledge that my data may be processed by healthcare personnel.

Participant in the study:

Name: ……..

Mother's name: ……..

Place and date of birth: ……..

Address: ……..

…….. ……

Signature of the study participant Date

Declaration of the investigating physician

By signing this declaration, I hereby confirm that, to the best of my knowledge, the patient received comprehensive and thorough information about the study at the time of signing the informed consent, and that the patient clearly understood the nature of their participation and the potential benefits of the study.

……..…… ……

Physician's name, registration number Physician's signature

Thank you for your cooperation.

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