Informed Consent Form

Title:

"The Effect of Asymmetrical vs. Symmetrical High Flow Nasal Cannula on the Work of Breathing: A randomised cross-over study."

NCT number: not yet assigned

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HELLENIC REPUBLIC

MINISTRY OF HEALTH & SOCIAL SOLIDARITY

UNIVERSITY GENERAL HOSPITAL OF LARISSA

PULMONOLOGY CLINIC

DIRECTOR: Professor Konstantinos Gourgoulianis

PATIENT CONSENT FORM FOR INVASIVE MEDICAL MEASUREMENT TO ASSESS WORK OF BREATHING

1. **I, the undersigned:**

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Address:

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Telephone:

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2. **My doctor explained the following to me:**

A) The nature and purpose of the procedure in general terms

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B) The risks associated with the procedure

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C) The alternative treatment options

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3. **I accept that during the procedure, unforeseen situations may require an additional or different procedure than what was previously explained to me. Therefore, I give my consent and request that the doctor and/or their associates perform any medical acts they deem necessary.** This consent also includes conditions that were unknown to the doctor at the time the procedure began.
4. **I give / do not give** my consent for the procedure or process to be photographed or videotaped, which may include parts of my body, for medical, scientific research, or educational purposes, provided that my identity is not disclosed through the images or accompanying captions.
5. **For the advancement of medical education, I consent / do not consent** to the presence of observers in the area where the procedure will take place.
6. **I acknowledge that the University General Hospital of Larissa may, at its discretion, retain and use or display for scientific research, therapeutic, or educational purposes any material or tissues taken from my body during my hospitalization.**
7. **I am aware that all blank spaces in this document were either filled in or crossed out prior to my signing.**

…….

(*The patient or person legally authorized to consent*)

…….

DATE: ……/……/…….. Time: ….

(*Doctor's Signature*)