Azienda Ospedaliero-Universitaria
Maggiore della Carità
di Novara

SEDE LEGALE: Corso Mazzini, 18
28100 Novara - Tel. 0321.3731
www.maggioreosp.novara.it

Cod. Fiscale - Part. IVA: 01521330033

TITLE: Evaluation of the efficacy of the treatment of benign prostatic hypertrophy with Serenoa Repens extracted with CO2 + PEA (Palmitoylethanolamide) in monotherapy or in combination with tamsulosin. ProSeRePEA trial.

Novara, 02/17/2021

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Informed Consent – Participation in the study

TITLE: Evaluation of the efficacy of the treatment of benign prostatic hypertrophy with Serenoa Repens extracted with CO2 + PEA (Palmitoylethanolamide) in monotherapy or in combination with tamsulosin. ProSeRePEA trial.

PROMOTER:
Dr Michele Billia, S.C.D.U. of Urology, A.O.U. Major of the Charity of Novara
COLLABORATORS:
Prof. Alessandro Volpe, Dr. Silvia Cavalli, S.C.D.U. of Urology, A.O.U. Major of the Charity of Novara

The undersigned _____ born on _____
(Name and Surname) (Date of birth)

After having read the Information, he declares the following:

• that I have read and understood the Information Sheet for the aforementioned study and that I have had ample time and opportunity to ask questions and obtain satisfactory answers from the investigator;

• that you understand that participation is voluntary and that you can withdraw from the study at any time, without having to give an explanation and without influencing your future medical care in any way;

• to have understood that parts of his file, which show participation in clinical research, may be viewed by the Regulatory Authorities, the Ethics Committee and the Local Health Administration and, therefore, agrees that these subjects have access to his data.

As a result of his statements:

□ Accepts □ DOES NOT agree to freely participate in the aforementioned study.

□ Accepts □ DOES NOT agree to inform your GP regarding participation in this study.

Date…… Patient's signature..... ...

Investigator doctor …….
(Name and surname)

Date…… Investigator's signature.....

NOTES: 1 photocopy for the patient and the original to be kept in the patient's medical record