

INFORMED CONSENT FOR THE STUDY

Title of the study: **“Implementation in Colorectal Surgery of a new modular and open robotic platform. Pilot project.”**

Protocol code: COLOROBOT-ELX24

Principal investigator:

Center: General University Hospital of Elche

Declarations and signatures:

D. /D^a: with DNI:

- I DECLARE: That I have been informed in advance and satisfactorily by the doctor of the study in which I am invited to participate.
- That I know and assume the risks and/or consequences that may arise from my participation.
- That I have read and understood this writing. I am satisfied with the information received, I have asked all the questions I thought appropriate and all my doubts have been clarified.
- I accept that my personal data will be used to participate in the study for research purposes.
- I understand that my participation is voluntary.
- I have received a signed copy of this informed consent.
- I also understand that, at any time and without needing to give any explanation, I can revoke the consent that I now give, simply by notifying the medical team.

Signature of the physician/investigator

Signature of the patient

Dr./a:

D. /D^a:

Colegiado nº.....

Fecha:

D. /D^a: with DNI:
as because of give my consent to have the
proposed procedure performed signature of representative.

Signature of representative

Date :

Revocation of consent:

D. /D^a: con DNI:

I REVOCATE the consent previously given to carry out this procedure of my own free will.

Signature of the patient

Date:

Signature of the physician/investigator

Date:

Signature of representative

Date: