



educAR

Validation of a strategy to improve therapeutic adherence in rheumatoid arthritis.

Informed consent form

Version: v2 27/12/2021

INFORMED CONSENT FORM

EDUCAR PROJECT: VALIDATION OF A STRATEGY TO IMPROVE THERAPEUTIC ADHERENCE IN RHEUMATOID ARTHRITIS

Me
..... (name and patient's last name).

I have read the information sheet given to me.

I was able to ask questions about the study.

I have received enough information about the study.

I have spoken with
.....

I understand that my participation is voluntary.

I understand that I can withdraw from the study:

1. - Whenever I want.
2. - Without having to explain.
3. - Without this affecting my medical care.

I freely give my consent to participate in the study.

PATIENT:

Signature.....

Date.....

Name and surname (IN CAPITAL LETTERS)

.....
.....
.....

RESEARCHER:

Signature.....

Date.....

Name and surname (IN CAPITAL LETTERS)

.....

.....
.....

WITNESS:

Signature.....

Date.....

Name and surname (IN CAPITAL LETTERS)

.....

SECTION FOR THE REVOCATION OF CONSENT

Me,

.....
.....

I revoke the consent to participate in the process, signed above