

Informed consent form for participation in the:

"Effect of a coordinated primary-care-based MDT-model on the treatment of hard-to-heal ulcers; a randomized clinically controlled trial"

Declaration from participant in the project:

I have received oral information on the above-named project

I know that participation in the project is voluntary and that I can withdraw my consent at any time without any consequences for my current or future treatment or rights.

I hereby consent to being enrolled in the study.

Name: _____

Date: _____ Signature: _____

Do you wish to be informed on the outcomes of the project following its completion?:

Yes _____ (mark x) No _____ (mark x)

Declaration from the informer:

As a member of the research team I hereby declare that the participant in the above-mentioned study has received oral and written information about the study.

It is my opinion that the given information is sufficient for the participant to make an informed choice on their participation in the study.

Name of the informer:

Date: _____ Signature: _____

Patient ID Number: _____