

FENUGREEK: AN EMERGENT ALLERGEN

NCT ID not yet assigned

DATE: January 15, 2024



University hospital Polyclinic "G. Martino" - Messina

OPERATIVE UNIT OF ALLERGY AND CLINICAL IMMUNOLOGY

INFORMED CONSENT FOR THE PROCESSING OF CLINICAL DATA FOR RESEARCH USE

I, the undersigned _____ (patient first and last name) _____
born _____ resident in _____,

DECLARE TO

have been informed that all personal and clinical data collected, will be considered confidential and stored in compliance with applicable privacy laws.

I also: • AGREE • DO NOT AGREE

to the utilization of clinical data, including photographic or filmed images, related to the health care services being processed in an anonymous form for research, epidemiology, education, and disease study aims.

Messina, (date)

Patient signature