

## **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