

INFORMED CONSENT

Name of the Study:

“Usefulness of Oscillometry in Assessing the Effectiveness of Inhaled Corticosteroides in Patients With COPD Exacerbator Phenotype”

This form must be provided by one of the study's pulmonologists before the analysis is performed.

<Patient's full name>

I have read the information sheet that was given to me.

I have been able to ask questions about the study.

I have received sufficient information about the study.

I have spoken with:

Study researcher

I understand that my participation is voluntary.

I understand that I may withdraw from the study:

1st Whenever you want.

2nd Without having to give explanations.

3rd Without this affecting my medical care.

Distribution: original to the researcher, copy to the patient.