
(NAME OF PROTOCOL AND INSTITUTION)

**INFORMED CONSENT FOR PARTICIPATION IN THE MONITORING TREATMENT
PROGRESS**

Name of participant _____

ID number: _____

By signing this consent, I confirm that:

- I have received, read, and understood the information letter about the monitoring treatment progress.
- I have had enough time to consider my participation and have had the opportunity to ask questions about this research, and I have received satisfactory answers.
- I understand that my participation is entirely voluntary, that I have the right to withdraw from the study at any time without any implications, and that it will not affect my future treatment.
- I understand that only medical professionals, clinical staff of _____(facility name)_____ may have access to my health record in order to ensure that the monitoring treatment progress of the therapy is carried out correctly and that the data is recorded accurately. All personal data will be considered STRICTLY CONFIDENTIAL.
- I understand that all information collected during my participation in this clinical study will be entered into a database, analyzed, and used exclusively for scientific purposes.
- I will receive one signed and dated copy of this notice.
- I agree to participate in this clinical study about monitoring treatment progress.

Doctor:

Date: _____ **Signature:** _____
Name: _____

Patient:

Date: _____ **Signature:** _____
Name: _____