



**INSTITUTO MEXICANO DEL SEGURO SOCIAL
UNIDAD DE EDUCACIÓN, INVESTIGACIÓN
Y POLITICAS DE SALUD**

COORDINACIÓN DE INVESTIGACIÓN EN SALUD

**INFORMED CONSENT LETTER
(ADULTS)**

INFORMED CONSENT LETTER FOR THE PARTICIPATION IN INVESTIGATION PROTOCOLS

Study Name:	Global Longitudinal Strain overcomes ejection fraction for detecting myocardial dysfunction in End-Stage Renal Disease with hyperparathyroidism
External sponsor:	Do not apply.
Date and place:	Mexico City <i>15/03/2019</i>
Register Number:	2017-3501-40
Objectives and justification:	<p>Echocardiography is a diagnostic test where an image of the movement of your heart is observed on a screen. It consists of an ultrasound of your heart where information is obtained about the shape, size, function, strength of the heart, the movement and thickness of its walls and the functioning of the heart valves (4 valves: mitral, tricuspid, aortic and pulmonary).</p> <p>The echocardiogram is obtained through a device called an echocardiograph, and consists of 3 basic elements:</p> <ul style="list-style-type: none"> - Transducer: device that helps capture images of the heart. - Screen: collects the images captured by the transducer. - Computer and / or data processor.
Procedure:	<p>The study is carried out by applying a conductive gel on the patient's chest, the test lasts around 20 to 30 minutes, the patient must remain lying down and as calm as possible.</p> <p>No special preparation is required before carrying out, the normal daily bath It's enough. After the study, the patient can carry out their normal activities and join their daily work or domestic tasks.</p>
Possible Risks:	<p>Minimum risk.</p> <p>This test does not expose you to radiation, is not painful, and has no side effects.</p>
Possible benefits you will receive from participating in the study:	You and your doctor will receive the results of this study which will tell us how well your heart is working.
Information on results and treatment alternatives:	If there is any abnormality with the functioning of your heart, you will be referred to the corresponding area for a new evaluation or, where appropriate, the corresponding treatment.
Participation or withdraw:	Your participation in this research study is strictly voluntary. You can decide to participate or not, as well as withdraw from the study at any time without penalty. If you decide not to participate, your care at the Institute will continue as usual without any restriction or modification.

Privacy and confidentiality:

The data of your results will be handled confidentially and encrypted for the final analysis, in such a way that their privacy is maintained. If at any time the data of this research is published in a journal or congress, it will be done in a general way without individualizing or presenting any data that identifies the participants.

Benefits at the end of the study:

You will be informed of the final results of the study and its interpretation, with an indication to go to your family medicine unit in case of requiring treatment.

In case of doubts or clarifications related to the study, you can contact:

Responsible:

Dra. Teresa Pérez Capistran (cel: 55 38900921)

M.C. María Fernanda Carrazco Ruiz

Collaborators:

Dr. Antonio Ruiz Rivera

Dr. Marvin A. Soriano Ursua

Dra. Leticia Manuel Apolinar

In case of doubts or clarifications about your rights as a participant, you may contact: IMSS CNIC Research Ethics Commission: Avenida Cuauhtémoc 330 4th floor Block "B" of the Congress Unit, Colonia Doctores. México, D.F., CP 06720. Telephone (55) 56 27 69 00 extension 21230, Email: comite.eticainv@imss.gob.mx

Pharmacovigilance Area, by phone (55) 56276900, ext. 21222, email: iris.contreras@imss.gob.mx



Name and signature

Witness 1



M.C. María Fernanda Carrazco Ruiz

Name and signature of who obtains the consent

Witness 2

Dr. Antonio Ruiz Rivera
Doctores, Cuauhtémoc, 06721
Ciudad de México, CDMX
UMAE Hospital de Cardiología
Servicio de Gabinetes
Ecocardiografista

Name, address, relationship and signature

Clave: 2810-009-013



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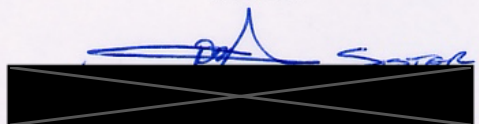
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Name and signature of who obtains the consent

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Disease with hyperparathyroidism**

External sponsor:

Do not apply.

Date and place:

Mexico City

20/10/2019

Register Number:

2017-3501-40

Objectives and justification:

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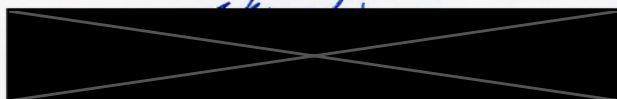
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M.C. María Fernanda Carrasco Ruiz

Name and signature of who obtains the consent

Witness 1



Name, address, relationship and signature

DAUGHTER.

Witness 2

Dr. Antonio Ruiz Rivera
Doctores, Cuauhtémoc, 06721
Ciudad de México, CDMX
UMAE Hospital de Cardiología
Servicio de Gabinetes
Ecocardiografista

Name, address, relationship and signature

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External sponsor:

Do not apply.

Date and place:

Mexico City

25/04/2019

Register Number:

2017-3501-40

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Name and signature

Witness 1



Name, address, relationship and signature

FRIEND

M.C. María Fernanda Carrasco Ruiz

Name and signature of who obtains the consent

Witness 2

Dr. Antonio Ruiz Rivera

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