

Blue Medical Group

75000 Tuzla, Bosna i Hercegovina

PATIENT'S INFORMED CONSENT TO MEDICAL RESEARCH

(Patient's name, father's name, last name)

(Address, residence)

(ID number)

(Social number)

Taking into account your current state of health and symptomatology, for the purpose of treating you, patients with the same or similar symptomatology, improving the health condition, treating other people, new scientific knowledge and achieving general benefit, can we use the obtained results that are presented in the form of text , numbers and images and are part of the regular diagnostic / therapeutic protocol (clinical processing, laboratory processing, imaging, invasive diagnostic / therapeutic procedures).

I agree that my data, which is the result of a regular diagnostic / therapeutic protocol, will be used for the purpose of scientific research work, which I confirm with my signature.

Signature of the participant / patient

I confirm that I have explained the reasons for conducting this study, as well as the diagnostic / therapeutic method to which the patient will be subjected.

Signature of a member of the research team

Date _____ 75000, Tuzla

The research will be conducted in accordance with the ethical principles of the Declaration of Helsinki (18th World Medical Assembly, Helsinki, 1964 and 49th World Health Assembly, Edinburgh, 2000). Only respondents who have given their written consent will be included in the research.