Consent Form

Ultrasound in patients with acute abdominal pain in the emergency department: A randomized trial

Effect of point-of-care ultrasound on correct preliminary diagnosis in adult emergency department patients with acute abdominal pain: A multicenter, controlled, randomized trial

PATIENT'S COPY

Informed consent to participate in a health science research project

Title of the research project: Ultrasound in patients with acute abdominal pain in the emergency department: A randomized trial

Declaration by the participant

I have received written and oral information, and I know enough about the purpose, method, advantages and disadvantages to agree to take part.

I know that participation is voluntary and that I can always withdraw my consent without losing my current or future rights to treatment.

I consent to take part in the research project and have received a copy of this consent form and a copy of the written information about the project for my own use.

Participant's name: _____

Date: _____ Signature: _____

Would you like to be informed about the results of the research project and any consequences for you when the project has been completed?

Yes: _____ (mark x) No: _____ (mark x)

I do not wish to be informed of any new significant health information about me that may emerge during the trial (right not to know):

Yes: _____ (mark x) No: _____ (mark x)

Declaration by the person providing information

I declare that the participant has received oral and written information about the trial.

In my opinion, sufficient information has been provided for a decision to be made about participation in the trial.

Name of the person who provided the information: _____

Date: _____ Signature: _____

Participant number: _____

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