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Coláiste na hOllscoile Corcaigh

The IEMO 80+ Thyroid Trial

- I've read the information letter. I was able to ask additional questions. My questions have been answered satisfactorily. I have had enough time to consider my participation.
- I understand that my participation is completely voluntary and that I am free to withdraw at any time, without giving any reason.
- I agree that my GP and/or treating specialist are informed about my study
- I agree that my GP and/or treating specialist are informed about the results of the blood tests
- I agree to using my data for the aims described in the information letter
- I agree with participating in the selection phase of this study.

Last name and initials: ……...

Address: ……

Postal code: ……

City: ……

Sex : **… male … female**

Date of birth: ……...

Date: …. …. …. **Phone:** ……

Signature: ……..