



WRITTEN INFORMED CONSENT

Title of the study: Social Return on Investment Project (SROI) of the waiting list management system for surgery and diagnostic tests.

I (name and surname) _____

I have read and understood the information sheet given to me.

I have been able to ask questions about the study.

I have received sufficient information about the study.

I have spoken to: José Luis González Muñoz

I understand that my participation is voluntary.

I understand that I can withdraw from the study:

1º Whenever I want.

2º Without having to give explanations.

3º Without this having any repercussions on my medical care.

I freely give my agreement to participate in the study.

DATE:

PARTICIPANT'S SIGNATURE



ORAL CONSENT IN FRONT OF WITNESSES

Title of the study: Social Return on Investment Project (SROI) of the surgical waiting list and diagnostic tests management system.

I (name and surname) _____

declare under my _____ responsibility that
(name of participant in the study)

I have received the information sheet about the study.

I have been able to ask questions about the study.

I have received sufficient information about the study.

Has been informed by: José Luis González Muñoz.

You understand that your participation is voluntary.

You understand that you can withdraw from the study:

1º Whenever you want

2º Without having to give explanations.

3º Without this having any repercussions on your medical care.

And he/she has freely expressed his/her agreement to participate in the study.

DATE:

SIGNATURE OF THE WITNESS



CONSENT OF THE REPRESENTATIVE

Title of the study: Social Return on Investment Project (SROI) of the surgical waiting list and diagnostic tests management system.

I (name and surname)_____ in the capacity of _____(relationship to participant) of _____(name of study participant).

I have read and understood the study information sheet.

I was able to ask questions about the study.

I received satisfactory answers to my questions.

I have received sufficient information about the study.

I have spoken to: José Luis González Muñoz.

I understand that participation is voluntary.

I understand that I can withdraw from the study:

1º Whenever you want

2º Without having to give explanations.

3º Without this having any repercussions on your medical care.

In my presence, _____ (name of study participant) has been given all relevant information adapted to his/her level of understanding and agrees to participate.

And I agree to _____ (name of study participant) participating in this study.

DATE:

SIGNATURE OF THE REPRESENTATIVE