Participant Consent Form

Clinical Research Project Name: The effect of driving pressure-guided individualized positive end-expiratory pressure on postoperative atelectasis in patients with morbid obesity: a randomized controlled trial.

Consent statement

1. I am aware of all the details about this study and I can discuss and ask questions with my doctor about this study. All the questions I asked were answered to my satisfaction.
2. I am aware of the risks and benefits that may arise from participating in this study. I understand that participation in the study is voluntary, and I confirm that I have had sufficient time to consider this.
3. I know that I could always ask my doctor for more information.
4. I can withdraw from this study at any time without any discrimination or retaliation, and my medical treatment and rights will not be affected.
5. I am also aware that it will be beneficial for the whole study if I tell my doctor about the changes in my condition and complete the Physical examination and ancillary examinations when I withdraw from this study.
6. I consent to access to my study materials by the State Food and Drug Administration, the ethics committee of the unit undertaking this study, or the sponsor's representative.
7. I will be given a signed and dated copy of the informed consent form.

Finally, I agree to participate in this study and promise to follow medical advice as much as possible.

Signature of participant (or his/her legal representative):_____

Number: _____ Date: _____

I confirm that I have explained the details of this trial to the participant, including his/her rights and the possible benefits and risks, and handed him/her a copy of the signed informed consent form.

Signature of the doctor: _____

Number: _____ Date: _____