

**Informed Consent for Participation in a Health Science Research Project**

Research Project Title:

**"Oxygen Therapy with Oxygen Bottles versus Portable Oxygen Concentrator during Walking Test in Patients with Pulmonary Fibrosis or COPD"**

Statement from the Participant:

I have received both written and oral information, and I know enough about the purpose, method, advantages, and disadvantages to say yes to participating.

I understand that participation is voluntary, and that I can withdraw my consent at any time without losing my current or future rights to treatment.

I give my consent to participate in the research project and have received a copy of this consent form as well as a copy of the written information about the project for my personal use.

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Do you wish to be informed about the results of the research project and any potential consequences for you?

Yes \_\_\_\_\_ (check x) No \_\_\_\_\_ (check x)

Statement from the person providing the information:

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

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

Name of the person providing the information: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_