



CONSENT FORM

Study Title: Individualized Perioperative Open lung Ventilatory approach in Emergency Abdominal Laparotomy/scopy. A prospective multicenter randomized controlled trial

I, (name and surname of the participant) with ID card....., confirm that:

I have read and understood the information sheet that has been provided.

I have had the opportunity to ask questions and I have received satisfactory answers.

I have talked to:(name of the researcher)

I understand that my participation is voluntary.

I understand that I am free to withdraw from the study:

- 1) at any time
- 2) without giving any reason
- 3) without my medical care being affected.

I hereby agree to take part in the study.

Do I want to be informed about the results of the study: yes no (check what applies).

I agree that my medical data may be looked at by individuals from the PEAL Team and I am aware that this consent may be withdrawn at any time. Doy mi conformidad para que el equipo investigador me pueda llamar por teléfono a los 30 días de la cirugía

I have received a signed copy of this Consent Form.

Signature of the patient:

Date:

I have explained the study and its purpose to the patient.

Signature of the researcher:

Date:



ORAL WITNESSED CONSENT FORM

The declaration of the impartial witness is compulsory when the patient, the father or mother of the patient or the legal representative are incapable of reading or writing.

Study Title: Individualized Perioperative Open lung Ventilatory approach in Emergency Abdominal Laparotomy/scopy. A prospective multicenter randomized controlled trial.

I, (name and surname of the participant) with ID card....., confirm that:

I have received the information sheet.

I have had the opportunity to ask questions and I have received satisfactory answers.

I have been provided with adequate information about the study.

I have talked to:(name of the researcher)

I hereby declare, under my own responsibility, that: (name of the participant) with ID card

Understands that his/her participation is voluntary.

Understands that he/she is free to withdraw from the study:

- 1) at any time
- 2) without giving any reason
- 3) without my medical care being affected.

Has freely expressed his/her agreement to participate in the study.

Signature of the witness

Signature of the researcher

Date

Date



LEGAL REPRESENTATIVE CONSENT FORM

Study Title: Individualized Perioperative Open lung Ventilatory approach in Emergency Abdominal Laparotomy/scopy. A prospective multicenter randomized controlled trial

I, (name and surname of the legal representative) with ID card..... and asconfirm that:

I have read and understood the information sheet that has been provided.

I have had the opportunity to ask questions and I have received satisfactory answers.

I have been provided with adequate information about the study.

I have talked to: (name of the researcher)

I understand that the participation in the study is voluntary.

I understand that it is possible to withdraw from the study:

- 1) whenever the participant may want to.
- 2) without giving any reason
- 3) without the medical care being affected.

In my presence, it has been given to(name of the participant) all the necessary information adapted to his/her level of understanding and agrees to participate in the study. I hereby agree to (name of the participant) participating in the study.

Signature of the legal representative

Signature of the researcher

Date

Date