

IEMO eCRF no:

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: