Informed consent statement

I hereby give my consent to participate in the research project «The difference in serum proteomes in schizophrenia and bipolar disorder».

Responsible executive: Liudmila Smirnova, MD, PhD.

Address: 634014 Tomsk, 4 Aleutskaya Street. Telephone: +7 (3822) 72-43-79

I am aware of the following statements:

- * The examination is still experimental
- * The objectives of this study
- * Possible risks

I have received the above information in writing and got answers to all my questions.

I give my consent to the investigators to review my medical record, provided ensure the professional confidentiality.

I am aware that I have the right to terminate my participation in the study anytime and receive appropriate testing and treatment.

I agree to the fact that the information about me is entered into legally protected database. I have the right to access these data and, if necessary, correct it with the doctor.

Full name of patient:	
Date	
Signature	
Full name of investigator: Liudmila Smirnova	
Date	
Signature	

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