INFORMED CONSENT FOR THE MEDTRONIC

ADAPT CLINICAL STUDY

SUBJECT INFORMED CONSENT FORM SIGNATURE SHEET

- I have read the subject information for this study and the study doctor has answered all my questions regarding the study.
- I had sufficient time to consider my participation in this study, I am aware that participation in this study is completely voluntary, and I agree to follow the instructions of the study doctor.
- I realize that I may decide to refuse participation or stop participating at any time without penalty and without affecting the quality of my health care or the relationship with the study doctor.
- I understand and agree that personal information about me will be collected from my medical files, used and processed (manually and by computer) by the manufacturer of a product used in my treatment or any other designated party that is involved in the study (e.g., hospital, study doctor, regulatory authorities, ethics committees).
- I know what will happen if I leave the study and understand the details described in this form.
- I understand and agree that representatives from Medtronic, regulatory authorities and the Ethics Committee will be given direct access to my medical files.
- I understand and agree that the study doctor(s)/hospital will release the relevant personal information about me for the purpose of the study.
- I understand that my personal data may be provided to third-party vendor personnel for the purpose of carrying out home visits and/or supplies shipments and treated with strict confidentiality as detailed in the patient information sheet, if needed during pandemic.
- I understand that I am entitled to access the personal information collected about me and to have inaccuracies corrected.
- I agree to voluntarily be in and comply with this study.
- I understand that I will receive a dated and signed copy of the subject informed consent form.

- *This notification can be deleted for countries where personal physicians do not exist*
- *Use if EC requires a checkbox*

It is your choice if you would like your personal doctor to be informed of your participation in this study. Please check one of the boxes below to show your choice:

! must be checked by subject

☐ I agree to inform my personal doctor about my participation in this study

☐ I do not agree to inform my personal doctor about my participation in the study

Signature of the subject

I agree to be in this study and I have consented before the initiation of any study specific procedures.

Subject:

Name	Signature	Date (DD/MMM/YYYY)
	Must be written by subject!	*Must be written by subject!*

Study doctor or person designated by study doctor:

I have conducted the informed consent discussion.

Name	Signature	Date (DD/MMM/YYYY)
	Must be written by study doctor or delegate!	*Must be written by study doctor or delegate!*