INFORMED CONSENT SHEET

I …………………………………………… have read and understand the information sheet about the study and have asked the necessary questions.

I have spoken with Dr. Prof. Elena Sánchez Jiménez, with DNI: 20257936L

I understand that I participate in the study voluntarily and that therefore. I can withdraw from it without giving explanations, whenever I want and without repercussion on my health.

I freely give my consent to be part of the study.

Place…… Date:……….. of…………of 20\_\_

Patient Signature Parent Legal Guardian Signature

Research Signature