



FULL CONSENT

Title of the study: Effectiveness of a comprehensive care protocol in patients with new diagnoses of type 2 diabetes mellitus and associated comorbidities in primary care: study protocol of a quasi-experimental trial

Jo (first and last name) _____

I have read the information sheet that was delivered to me

I was able to ask questions about the study.

I have spoken with:

My participation is voluntary.

I can withdraw from the study:

- Whenever you want
- Without having to give explanations.

I give and sign my consent to participate in this study.

Signature of the participant

Signature of the researcher

* In accordance with Organic Law 15/1999, of December 13, on the Protection of Personal Data (LOPD), we inform you that your personal data, including those of health, will be analysed in order to carry out activities of health monitoring and statistical studies. At any time, you may exercise your rights of access, rectification, cancellation and opposition, by written communication, enclosing a photocopy of your DNI or equivalent identification document, addressed to USR Barcelona. c / Sardenya, 375. Entl 08025 Barcelona.