



SPLOŠNA BOLNIŠNICA MURSKA SOBOTA
RAKIČAN, Ulica dr. Vrbnjaka 6, 9000 Murska Sobota

Patient name: _____

Date of birth: _____

Patients` ID: _____

Written consent for participation in the study

»The effects of resistance training in patients with coronary artery disease«

I have obtained detailed oral and written information about the study. I fully understand the provided information, potential risk and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form¹. I voluntarily agree to participate in this study.

Patient's signature: _____

Date: _____

Investigator's signature: _____

Date: _____

¹ Printed and signed in two copies - one for patient enrolled in the study and one for the study archive.