 

**Inspiratory Muscle Training in patients with Obstructive Sleep Apnea and Hypertension**

# PARTICIPANT CONSENT FORM

I, *[name]*

of *[address]*

have read and understood the Information for Participants on the abovenamed research study and have discussed the study with ..............................................................................................

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.

I understand that participation in this study will allow the researchers to have access to my medical records, and I agree to this.

I understand that my de-identified data may be used for future research and I agree to this.

I freely choose to participate in this study and understand that I can withdraw at any time. I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

# NAME: ...................................................................................................

**SIGNATURE: ..................................................................................................**

**DATE: ..................................................................................................**

**NAME OF WITNESS: ..................................................................................................**

**SIGNATURE OF WITNESS: ..................................................................................................**

If you are happy to be contacted at a later date for a longer-term follow-up of this study, please provide your email address and tick this box 

If you are happy to be contacted at a later date to participate in future research studies, please provide your email address and tick this box 

Email address:………………………………………...................