

INFORMED VOLUNTARY CONSENT FORM (BGOF)

NAME OF THE STUDY: The effect of anesthetic gases on blood values in middle ear surgeries.

You are asked to participate in a research study, the information of which is given below. The decision whether or not to participate in the study is entirely up to you. Before deciding whether or not you want to participate, it's important to understand why the research was conducted, how your information will be used, what the study involves, the potential benefits and risks, or aspects that may be uncomfortable. Please take the time to read the following information carefully. If you decide to participate in the study, sign the **Consent to Participate Form**. You are free to leave the study at any time. You will not be paid for participating in the study or asked for any financial contribution/material contribution.

SUBJECT AND PURPOSE OF THE STUDY: Middle ear surgeries (tympanoplasty, mastoidectomy) are performed under anesthesia. In these surgeries, the patient is completely anesthetized and a tube is inserted into the patient's throat to remove the anesthesia from the lungs (intubation). The continuation of anesthesia is done with special anesthetic gases (sevoflurane or desflurane). All procedures are standard and we planned this study to compare the effects of the gases used during this surgery on the blood. Whether you participate in the study or not will not cause any change in the process.

WORKING PROCEDURES:

The study does not have any side effects on you, and blood will be taken from your fingertip 2 times during the surgery, providing the necessary privacy conditions.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THE STUDY?

Your participation in the study will help to better understand the effects of anesthetic gases on the body from a scientific point of view.

HOW WILL MY PERSONAL INFORMATION BE USED?

Data such as age, weight, height will be used, and your identity information will not be used to expose you.

PERSONS TO CONTACT FOR QUESTIONS AND PROBLEMS:

1. Assoc. Prof. Dr.Evren Büyükfırat Tlf: +905065849686
2. Dr. Ahmet Enes Kayan tel +905548845277

Approval to Participate in the Study

I discussed the above information in detail with the relevant researcher and he answered all my questions. I have read and understood this informed consent. I agree to participate in this research and sign this consent of my own free will. This approval does not override any relevant laws and regulations. The researcher handed me a copy of this document for safekeeping, including the points I would pay attention to during the study.

<i>Volunteer Name and Surname:</i>		<i>Date & Signature:</i>
<i>Telephone:</i>		

<i>Guardian (if any) Name and Surname:</i>		<i>Date & Signature:</i>
<i>Telephone:</i>		

<i>Researcher's Name and Surname:</i>		<i>Date & Signature:</i>
<i>Address and Phone:</i>		

