

**Obesity Hypoventilation Syndrome and Cardiovascular Biomarkers  
(OHS-CVS Project)**

**PARTICIPANT CONSENT FORM**

I, ..... *[name]*

of

.....*[address]*

have read and understood the Information for Participants on the above named 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 my participation in this study will allow the researchers and others, as  
described in the information for participants, to have access to my medical record, 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:** .....