Participation Consent Form

Study: Management of uncertainty through a reasoned use of EBM tools (GEPURE)

I, the undersigned:
Name: .....
First name: .....
Email address: .....
Place of practice: .....

Hereby declare that I:

- Have received clear and understandable written information about the GEPURE study
- Have had the opportunity to ask any questions I wished
- Understand that my participation is free and voluntary
- Understand that I may refuse to participate or withdraw my consent at any time, without consequence
- Understand that the data collected in this study will be processed in pseudonymised form, in compliance with the applicable regulations
- Undertake not to transmit any nominative patient data in the questionnaires or during focus groups
- Agree to participate in the GEPURE study

I consent:

- To the collection of my professional data and my responses to the questionnaires
- To the use of these data for scientific research, analysis, and publication in a form that does not allow my identification
- Where applicable, to taking part in a recorded collective interview or focus group, the recording of which will be transcribed and then analysed in pseudonymised form

Done at: .....
On: ..... / ..... / .....

Signature of participant:

Signature of the investigator or person obtaining consent: