

INFORMED CONSENT FORM

I confirm that I read and understood the information provided above about the study “Understanding Pulmonary Fibrosis”.

I understand that my participation in this study is voluntary, and I can withdraw from participating at any moment.

I understand that I will receive no remuneration for my participation in this study.

I agree for the interview to be audio recorded and transcribed.

I agree that my email address is stored by the researchers so that I can be contacted for future clarifications or the presentation of the results. Your email address will be deleted from the researchers’ database after the presentation of the results to the participants.

Yes No

Name in print:

Signature:

Date: