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Authors	Du Puy, R. S.;Postmus, I.;Stott, D. J.;Blum, M. R.;Poortvliet, R. K. E.;Den Elzen, W. P. J.;Peeters, R. P.;van Munster, B. C.;Wolffenbuttel, B. H. R.;Westendorp, R. G. J.;Kearney, Patricia M.;Ford, I.;Kean, S.;Messow, C. M.;Watt, T.;Jukema, J. W.;Dekkers, O. M.;Smit, J. W. A.;Rodondi, N.;Gusseklou, J.;Mooijaart, S. P.
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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

The IEMO 80+ Thyroid Trial

- I've read the information letter. I was able to ask additional questions. My questions have been answered satisfactorily. I have had enough time to consider my participation.
- I understand that my participation is completely voluntary and that I am free to withdraw at any time, without giving any reason.
- I agree that my GP and/or treating specialist are informed about my study
- I agree that my GP and/or treating specialist are informed about the results of the blood tests
- I agree to using my data for the aims described in the information letter
- I agree with participating in the selection phase of this study.

Last name and initials:

Address:

Postal code:

City:

Sex : ... male ... female

Date of birth:

Date: **Phone:**

Signature: