



## Informed Consent Letter for participation in an investigation

Name: \_\_\_\_\_

Place and date: \_\_\_\_\_

By means of the present I agree to participate in the research protocol entitled: Application of nonlinear mathematical models for predicting mortality due to acute myocardial infarction.

The objectives of the study are:

- Develop a public database of Baja California, where YOU CAN ONLY OBTAIN ECG information.
- Find parameters by which the possibility of a heart attack can be detected prematurely.
- Identify the Framingham criteria of greatest recurrence in the population.

It has been explained to me that my participation will consist in responding honestly a brief questionnaire of 10 questions related to heart diseases, taking vital signs, anthropometric measurements and performing two electrocardiographic studies, standard and high resolution. The duration of the study is approximately 30 minutes.

Risks of the study: The ECG is a very simple procedure and is completely painless. The recording machine cannot give you an electric shock or affect the heart in any way. On the other hand, an increase in heart rate may occur as a result of nervousness in the study. In some people redness may occur in the area where the electrodes are placed.

I declare that I have been fully informed about the procedure to be followed, as well as the benefits derived from it, and that I will not receive monetary compensation for my participation in the study.

The responsible researcher has given me assurance that I will not be identified in the presentations or publications that derive from this study and that the data related to my privacy will be handled confidentially.

I understand that I have the right to withdraw from the study at any time I deem it appropriate; and in case of any important finding, I will be notified by the means that I choose to communicate and I will be referred to the cardiologist or internist doctor that corresponds to me in my institution, with the information obtained during my participation.

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Name and signature of the patient