INFORMED CONSENT FORM

Study Title: *Diagnostic Performance of Hemogram-Derived Inflammatory Indices Across the Pre-COPD to COPD Continuum: An Age-Matched Sensitivity Analysis*

You are invited to participate in a research study investigating the diagnostic value of inflammatory indices derived from routine hemogram parameters in individuals with pre-COPD, chronic obstructive pulmonary disease (COPD), and healthy controls.

If you agree to participate, the researchers will collect and analyze your demographic information (such as age, sex, height, weight, body mass index, and smoking history), the results of your routine blood tests (complete blood count), pulmonary function test (spirometry) results, and the responses to the COPD Assessment Test (CAT) and the Modified Medical Research Council (mMRC) Dyspnea Scale. No additional blood samples, examinations, or invasive procedures will be performed specifically for this study, and all laboratory tests used in the study are part of your routine clinical evaluation.

Participation in this study is entirely voluntary. You may refuse to participate or withdraw your consent at any time without affecting your medical care or your relationship with your physicians.

There are no additional risks associated with participation beyond routine clinical practice. Although you may not receive any direct medical benefit, the findings of this study may contribute to improving the early diagnosis and clinical evaluation of pre-COPD and COPD.

All information obtained during the study will be kept strictly confidential. Your identity will remain anonymous in all analyses, publications, and presentations. Only authorized members of the research team will have access to the study data.

This study has been approved by the appropriate Institutional Ethics Committee and will be conducted in accordance with the ethical principles of the Declaration of Helsinki.

By signing below, I confirm that I have read and understood the information provided above, have had the opportunity to ask questions, and voluntarily agree to participate in this study.

Participant's Name: _____

Participant's Signature: ___ Date: _ / /___

Researcher's Name: _____

Researcher's Signature: ___ Date: _ / /___