# English Translation – PSP-FICU Written Non-Opposition Form

WRITTEN NON-OPPOSITION FORM
PSP-FICU Study

Patient care pathways and factors influencing the choice between Emergency Department consultation and Out-of-Hours Primary Care: a comparative study

Prospective multicenter observational study

Sponsor: Martigues Hospital Center, 5 Boulevard des Rayettes, 13500 Martigues, France

Principal Investigator: Dr Serge YVORRA, Physician at Martigues Hospital Center, 3 Boulevard des Rayettes, 13500 Martigues, France

Dr (First name / Last name): _____

I confirm that I have explained the nature, objectives, and purpose of the study to the patient identified below.

I declare that I personally collected the patient's non-opposition to participation in this study.

Mrs/Mr (Patient first name / last name):
_____

Year of birth: _ / _ / _ / _

I confirm that the patient does not oppose participation in the PSP-FICU study.

Yes □ No □

I confirm that the patient authorizes the use of the data collected during this study for retrospective data research purposes for a duration of 15 years.

Yes □ No □

Date:

Investigator signature: