**SIMULATED PATIENT CONSENT FORM**

As the Simulated Patient in the simulations I indemnify the hospital, its staff and its associates from any liability that may arise as result of an adverse event that may occur during the course of the dummy runs. I partake as “Simulated Patient” willfully and by my own choice. I understand that no medication will be given to me and diagnostic test performed during the simulation will only be done as part of a simulation and cannot be interpreted as actual medical treatment. I understand that my role is only to act as a stroke patient according to the briefing provided and nothing else. Proposals detailed during the simulations or any other platform should be implemented with careful consideration of those involved and without liability to Boehringer Ingelheim or to QuintilesIMS.

**Signed as the Simulated Patient**

**Name Signature** **Date**

**Time**