INFORMED CONSENT FORM

Protocol Title: A randomized double-blind, placebo-controlled, multi-center trial to investigate the efficacy and safety of NeuroAiD II™ (MLC901) to improve cognitive functioning in non-surgical mild traumatic brain injury patients

Protocol number: #EFSA2020_03

I confirm that:

1. I have read and understood all of this "Patient information sheet and Informed consent form" provided information concerning participation in this clinical trial, I have been given all necessary explanations and clarifications concerning conduction of the clinical trial
2. I have had an opportunity to ask questions concerning this clinical trial and I have got the comprehensive answers to all my questions
3. I have had enough time to make a decision on my participation in this clinical trial, and I have not been forced in my decision
4. By signing this document, I provide my voluntary consent to participation in this clinical trial and I do agree to follow all study procedures and to comply with all patient's responsibilities
5. I understand that I can voluntarily stop my participation in the clinical trial at any moment without any negative consequences and without any explanations
6. I understand that in case of study results publication my personal data will not be disclosed
7. I was provided with a properly signed and dated copy of "Patient information sheet and Informed consent form" on 14 pages

I agree:

1. To participate in this clinical study
2. That all my medical data will be collected, analyzed, and transferred to the Sponsor as described in this document
3. That Sponsor, Representatives of Sponsor and other authority representatives will have direct access to my medical data, as described in this document

Patient family name, name and second name (patient should write them down personally in block-letters)

……..

Patient signature ……..Date (DD-MM-YYYY) …….

Family name, name and second name of Investigator (should be written in block-letters)

……..……..

Signature of Investigator……...…… Date (DD-MM-YYYY) ..…….…….

This document was dated and signed in 2 hard copies: 1 copy is kept by Investigator, 1 copy is kept by patient