

Volunteer Info

ID number (this is assigned): _____

WARNING: If you have been diagnosed with COPD or any heart disease, have shortness of breath, chest pains, or blood pressure that is not under control, had a stroke, use O2, or are aware of any reason why you should not volunteer to help with this test – please close this form.

If you are willing to proceed, you will provide the information detailed below when the testing begins, and agree to keep our work confidential.

1. Profile Information-

- Gender: Male ___ Female ___
- Age: _____
- Height: _____
- Weight: _____
- Shirt collar size: _____
- Has it been suggested by a physician that you use nPAP to treat Obstructive Sleep Apnea (OSA)? Yes ___ No ___
- OSA Severity as diagnosed? (Mild, Moderate, Severe) and/or Apnea Hypopnea Index (AHI) _____ ; AHI: _____
- When were you diagnosed with OSA? _____
- As part of the diagnosis was any mention made of Central and/or Mixed Apneas? Yes ___ No ___
- If so, what was said?

- How many hours per night do you use nPAP? _____
- How many nights per week do you use nPAP? _____
- What kind of PAP do you use? CPAP, BiPAP, APAP _____
- Have you tried Mandibular Advancement Devices (MAD)? Yes ___ No ___ Date began _____. Are you still using your MAD? _____

2. Identifying Information-

- Name: _____
- Address: _____
- Phone: _____ Best Time to Call _____
- Email: _____
- Date: _____
- ID number (this is assigned): _____

Notes:

1. WhisperSom will never share your Identifying Information.
2. We would only share your Profile Information with another party to advance sleep disordered breathing research and development.

I agree to keep the work of WhisperSom confidential. I will not disclose anything about my participation as a volunteer unless requested by WhisperSom, and agreed to by me unless compelled by law.

I affirm that WhisperSom has not made any representations to me that the test device or any of their other products either diagnose or treat sleep apnea, or that it should be used in place of any treatment that a doctor may prescribe for me – or against a doctor’s advice.

I volunteer for this test of my own free will, and I expressly hold WhisperSom harmless from any claims I may have arising from my participation in this test, except for willful gross negligence.

The above information and representations are true and complete to the best of my knowledge and belief.

Volunteer Signature:

Date:

Print Name