

EXPERIMENTED ON WITHOUT INFORMED CONSENT (EOWIC FORM)

This is to report that I, (Name) _____

Address _____

Phone No. _____ was injected with 1 , 2 , 3 , 4, 5, 6 (circle number) doses of **experimental** COVID-19 pharmaceutical drug product at _____ (place of vaccination) on date(s) _____

WITHOUT BEING INFORMED BY NHS SCOTLAND THE SUBSTANCE I / MY CHILD WAS INJECTED WITH WAS AN EXPERIMENTAL GENE-BASED PRODUCT STILL WITHIN CLINICAL TRIALS.

Had I been given correct, factual information which was required, and not fulfilled by NHS Scotland under the *Patient Rights (Scotland) Act 2011*, I would NOT have consented to being injected with any COVID-19 drug product.

Injury caused by experimental COVID-19 drug(s) to date (if relevant):

Please attach this evidence to **Incident No. 20220120-1333**.

THIS IS A CRIME OF THE GRAVEST MAGNITUDE. The mass injecting of innocent men, women, children and pregnant women with experimental pharmaceutical drug products **MUST STOP NOW** and the perpetrators brought to justice.

Signed _____

Remember to: Photograph (or scan) this completed form for your own records.

Send completed form to: Police Scotland Headquarters, Tulliallan Castle, Kincardine. KY10 4BE (remember to get PROOF OF POSTING 'Signed For' at the Post Office).